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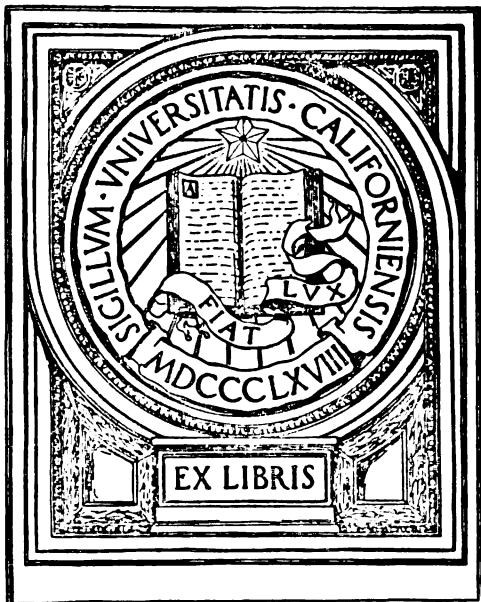
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ACETIC ACID IN POST-PARTUM HÆMORRHAGE, AFTER-PAINS, AND SOME
OTHER DISEASES.

BY ELIAS C. PRICE, M.D., BALTIMORE, MD.

(Read before the Maryland State Institute of Homœopathy, Baltimore, October 14th, 1885.)

In the *American Medical Digest*, July 15th, 1884, can be found the following :

"About ten years since, I attended a patient who had most violent *post-partum* hæmorrhage, so severe, indeed, that I began to despair of arresting it. I had no ergot with me, and ice was not procurable. I directed the attendant to give a wineglassful of pure brandy. The uterus which was before flaccid, contracted instantaneously under my hand, and the bleeding ceased. On proceeding to give some more brandy, I discovered that the patient had been given vinegar instead of brandy. The effect was so marked, that I inquired of the old midwife who was with me, whether she had ever heard of vinegar being used before ; she informed me that in her part of the country it was considered an excellent remedy, but that she had rarely, if ever, used it. When lecturing to a class of pupil-midwives shortly afterwards, I mentioned the case, and advised them most strongly to give the vinegar a trial in case of need. It seems to have escaped my memory until, about two years ago, the midwife at Queen Charlotte's Lying-in Hospital reminded me of my recommendation, and told me she had given vinegar repeated trials, and preferred it to ergot on account of its certainty and instantaneous action. She was such a reliable and clever midwife that I felt her testimony could be taken. Since then, I have carefully questioned all my pupil-midwives as to its action, for until recently it was never used in the hospital. They all agree that in their cases of hæmorrhage in the out-patient department where they were allowed to use vinegar, hæmorrhage was arrested much more quickly than in the hospital with ergot. It was not until recently that I had a good test-case ; the patient belonged to a family of 'flooders ;' her mother and two of her near relations had bled to death. As soon as the child was born she began to flood. I expelled the placenta and gave a wineglassful of vinegar. The uterus, which was very flaccid and constantly dilating, at once contracted firmly under my hand ; it did not again relax, although the hæmorrhage continued to a moderate extent. At the end of fifteen minutes I gave a second dose, about two-thirds of a wineglassful. In both instances it was given pure, without any water. This soon arrested the hæmorrhage and the patient did well. I used no other means beyond holding the uterus, as I was perfectly satis-

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fied with the result. I feel certain that I should not have obtained such favorable results with ergot. The action of vinegar is so rapid that I refrain from using it or permitting its use before the placenta is expelled, for fear of causing a retention of that body and making its removal difficult.

"From my own experience and from the reports obtained from my midwives, pupil-midwives, and house-surgeons, I can confidently recommend the use of vinegar in *post-partum hæmorrhage*. It is a remedy, if not always at hand, at any moment procurable, simple and harmless, not open to the objection against ergot, which in the hands of midwives is very liable to be used to hasten delivery, nor to the serious disadvantage and dangers of intra-uterine injections. If further trials, on a more extended scale, confirm my experience, I have no hesitation in saying that vinegar will have to be regarded almost as the specific for *post-partum hæmorrhage*.—*British Med. Journal.*—*Obs. Gazette.*"

In the *Medical Brief*, vol. vi., page 131, we read :

"Dr. Penrose, at the late meeting of the American Gynæcological Society, stated that since 1854, he had employed common vinegar with invariable success in *post-partum hæmorrhage*. The advantages he claimed for it were : 1. It can be readily obtained. 2. It can be readily applied, and without special apparatus. 3. It always cures the hæmorrhage, or, rather, it had never failed in his hands. 4. It is sufficiently irritating to excite the most sluggish uterus to contraction, and yet not so irritating as to be subsequently injurious. 5. It is an admirable antiseptic. 6. It acts on the lining membrane of the uterus as an astringent. His manner of using it is to saturate a rag with it, which he carries into the cavity of the uterus and squeezes."

We will now take up some of the *other* diseases for which vinegar has been recommended and used ; we again quote from the *Medical Brief*, vol. v., page 270.

"VINEGAR IN OPIUM POISONING.—*Editor Medical Brief.*—Dear Doctor: In the July number of the *Medical Brief*, I noticed an article, headed 'Poisoning by Morphia,' reported by Dr. Chapman, of a gentleman having taken morphia by mistake, etc.

"I do not wish to criticise the doctor's treatment, but will give my experience in two cases ; one having taken ten grains of morphia, and the other, about forty grains of opium. I simply give my treatment for its simplicity and hasty relief in restoring, and counteracting the above-mentioned drugs.

"Case First.—Was called to see a lady who had taken forty grains of opium. I arrived at the bedside in half an hour after the dose was taken ; found her in a stupor ; I immediately called for some strong vinegar ; succeeded in getting six ounces in her stomach, then bathed her all over with the same, rubbing it in with my hand. In half an hour I had her completely restored.

"Case Second.—Was called to see a gentleman having taken ten grains of morphia for the purpose of committing suicide. I reached the case in thirty minutes after the morphia had been taken ; gave the patient two wineglasses of strong vinegar at intervals of five minutes apart, and he was restored in thirty minutes. This mode of treatment is very simple, and the specific remedy is always at hand.

Respectfully,
J. D. FAWCETT, M.D."

"VINEGAR AS A PROTECTION AGAINST SMALLPOX.—Dr. Roth, of Liebeck, claims to have discovered that common vinegar is a protection against

smallpox. In his experiments: All persons who came in direct or indirect contact with a smallpox patient, were subjected to the vinegar treatment and with much benefit. Healthy adults were ordered two tablespoonfuls of common vinegar, either with, or without water, to be taken one hour after breakfast and towards evening for fourteen days; for half-grown or particularly delicate persons, three-fourths of a tablespoonful once or twice daily will suffice. They should avoid the sick room as much as possible, enjoy plenty of fresh air, and guard against cold; the sick chamber is to be fumigated with vinegar-vapor twice daily. The patients are also frequently bathed with vinegar.

"Dr. Roth reports a number of cases showing the efficacy of this treatment."—*Medical and Surgical Reporter*. Republished in the *Am. Journ. Hom. Mat. Med.*, New Series, vol. ii., page 322.

"NOTES ON VINEGAR.—By C. Hering, M.D.—In giving the valuable remarks of J. C. Morgan, on shock of injury, *Journ. Hom. Mat. Med.*, vol. v., pp. 73 to 102, a place in the 'Analytic Therapeutics,' vol. i., pp. 76 to 81, printed last summer, I thought it advisable to add *acetic acid* besides nitric acid and staphisagria, and had the pleasure of receiving some additional remarks from Dr. J. C. Morgan, in relation to the *acetic acid*.

"*Acetic acid*, he says, is the antidote par excellence to all anæsthetic vapors; a finger dipped in vinegar, rubbed within the lips being sufficient. All I added myself was, 'very weakening emissions next night,' a symptom given in *Frank's Magazine*, corroborated by Dr. Okie, many years ago; 'great relaxation with vertigo and fainting,' and 'dry throat after much bruising or sprains.' On comparing my notes I found the following interesting remarks, and published them, as *acetic acid* will before long be one of our polychrests, like *natrum mur.* and *sepia*.

"A young German, who was engaged in a vinegar factory for a little more than a year, lost, soon after entering the factory, his usual good appetite, although he remained otherwise well. He had often to work in the night, and slept during the daytime. His sleep became now very much broken, without any particular reason. If he ate something, he could sleep on. At a later period he could not lie on his back, and felt as though the abdomen would sink in, which caused laborious breathing. He rested better in abdominal position. He could not drink anything cold on account of its lying heavily in the stomach and causing pressure, an *aconite* symptom. He had to give up drinking beer, and got an aversion to cold victuals. His florid complexion disappeared; he grew pale and emaciated. Vegetables, of which he was always fond, now disagreed, with the exception of potatoes. Bread disagreed, and butter still more; he had an aversion to all salted things. Food tasted right, but would not go down; he therefore had to eat very slowly; of meat he could eat sparingly; cheese and eggs agreed. He frequently partook of mulled beer and eggs, which warmed him up and caused him to perspire, after which he felt easier, but could not sleep. After taking some bitter tonics his stools became variable. The appearance of the tongue was normal. He grieved much about his sickness, and felt considerable anxiety about his children. He sighed often, and now and then was forced to take a deep breath, which relieved. Going upstairs was very difficult.

"He got a dose of *natrum mur.* and felt stronger after it; more cheerful, easier, and slept better. Ten days later his appetite had not improved, and he still could not take any cold drinks. He still had to take a deep breath frequently. A second dose of *natrum mur.*, higher, was given, to be taken if worse. He reported that the extra powder had caused great thirst. He could now take cold beer, and felt otherwise much relieved.

"Two weeks later all his symptoms returned; as soon as he entered the factory to work he had to gasp for breath worse than before, and was more easily fatigued. He received several doses of *natrum mur.* higher, and the advice to leave the factory, as in all probability vinegar tuberculosis would have been the result. (Comp. Allen, *M. M.*, Chest.) He was advised to

look for another situation, and never returned to report. The next remedy would have been *sepia*.

"The late Dr. Homer sent a consumptive patient to his friend Wetherill, with the request to allow him to sit for some time daily in his vinegar room. Wetherill, not happening to manufacture vinegar at that time, sent the patient to his friend Matthieu, in Lombard Street, who was at that time in favor of homœopathic treatment. When the consumptive patient made his appearance, Matthieu asked him in fun, 'I have two rooms, an allopathic and homœopathic, into which one shall I put you?' 'Into the allopathic, of course,' said the patient! He had scarcely sat down in the room filled with the fumes of acetic acid, which nearly suffocated him, when he rushed out frantically, gasping for breath, and implored that he might be allowed to sit in the homœopathic room!

"A young married lady, florid complexion, told me in 1860, that each time after partaking of pickles made without spices, she got a very much flushed face, lasting several hours. This observation was corroborated by Dr. Berridge. (See Allen's *Materia Medica*, I, p. 4, Cattell's Observation.)

"Dr. Krebs, of Hamburg, Pa., stated that he had given nothing but diluted vinegar, in all cases of croup for several years. (Compare Allen's *M. M.*, I, p. 5, Cattell's Observations.)"

To show that these recommendations are not all entirely new, I will quote from Pereira's *Materia Medica*, the standard text-book of my student days; had the new remedies brought into use since those days been incorporated into it, in my opinion it would far excel any other allopathic work published since that time. He says:

"Taken internally, common vinegar, or acetic acid, properly diluted is used for various purposes; the most important of these are, to allay febrile heat by its refrigerant qualities; to diminish inordinate vascular action; to relieve certain affections of the brain, supposed to depend on, or be connected with, venous congestion; and to act by its chemical properties of an acid. Thus in fevers, whether simple or eruptive, but especially in those varieties commonly denominated putrid and bilious, vinegar (more or less diluted with water) is a most refreshing drink, allaying thirst, and diminishing excessive heat. In hæmorrhages, as from the nose, lungs, stomach, or uterus, it is particularly beneficial, by its refrigerant, sedative, and astringent qualities. It diminishes excessive vascular action, and promotes contraction of the bleeding vessels. As a local astringent it is injected into the nose in epistaxis, and is used as a wash in profuse hæmorrhoidal discharges.

"The benefit obtained by the application of vinegar and water to the abdomen, vulva, and thighs, in uterine hæmorrhages, arises principally from the cold produced. In phthisis pulmonalis, vinegar diluted with water is sometimes serviceable as a palliative; by its refrigerant qualities it relieves the hectic symptoms, diminishes or puts a stop to night sweats, checks bronchial hæmorrhage, and prevents diarrhœa. In mania, it has been recommended as a means of allaying cerebral excitement. In poisoning by opium, it has been used as a counter-poison: but as acetic acid forms very soluble, and therefore, powerful compounds with morphia, it ought not to be exhibited until the contents of the stomach have been evacuated. In poisoning by the alkalies, and their carbonates, and by lime, vinegar is the safest and most efficacious acidulous substance that can be administered. In diseases attended with phosphatic deposits in the urine it may be advantageously used either as a medicine or condiment. As an adjunct to the acetate of lead, acetic acid is recommended by Dr. A. T. Thomson, to prevent the formation of carbonate of lead, which is more apt to produce

lead colic than the acetate. In scurvy, acetic acid has been found serviceable. Clysters containing vinegar have been employed for the purpose of provoking alvine evacuations in obstinate constipation, and strangulated hernia; of expelling the small round worm (*ascaris vermicularis*); of checking uterine and intestinal hæmorrhage; and of relieving inflammation or congestive conditions of the brain."

"As a stimulant, and antiseptic, diluted acetic acid is used in gangrenous and other ill-conditioned ulcers. For these purposes, crude pyroligneous acid is more efficacious than ordinary vinegar, on account of the creosote and other substances which it contains. In ulceration of the throat, in scarlatina, and in cynanche, gargles containing acetic acid or vinegar are sometimes used with great effect. Acetic collyria are useful, as mild astringents, in chronic ophthalmia, and for removing lime-dust adhering to any part of the globe of the eye."

"Sponging the face, trunk, or extremities, with cold or tepid vinegar and water, usually proves refreshing and grateful in febrile disorders with a hot skin. It diminishes preternatural heat, promotes the cutaneous functions, and operates as a beneficial stimulant to the nervous system."

"Fomentations containing vinegar are used in bruises and sprains, etc."

"The concentrated acetic acid, known in the shops as Beaufoy's, is a valuable remedy for the cure of the different forms of porrigo, popularly called ring-worm or scald head. Its application, which may be effected by means of a piece of lint wrapped around a wooden stick, causes acute but temporary pain, redness of the skin, and whitening of the abraded spots. One or two applications are usually sufficient to cure. Strong acetic acid is also employed as a caustic to destroy corns and warts. It has been proposed as a speedy means of exciting rubefaction and vesication, and for this purpose, blotting-paper or cambric, moistened with this acid, has been applied to the neck in cases of croup."

Thus wrote our favorite author on *Materia Medica*, forty-seven years ago, though we did not have the pleasure of reading it until ten years later.

As a styptic, I believe vinegar will be found to be a very efficient remedy in all cases in which ergot has proved to be a successful remedy. As a local application in hæmorrhage, I believe it to be far superior.

I have given vinegar in several cases after labor when the uterus was slow in contracting. In every case contraction took place almost immediately. In one case of flooding it acted equally promptly, but in another, it was rejected by the stomach. Secale internally and two hypodermic injections, also, failed to act; I was obliged to rely upon pressure, china, and stimulants.

After-pains are produced by the alternate contraction and relaxation of the muscular fibres of the uterus. If you can keep up a permanent contraction of the uterus you will have no after-pains. To accomplish the above object, I had been in the habit for some time of giving two or three drops of fluid extract of secale every two hours, with complete success. The last patient I waited on had been married just about ten years and a half; during that time she had been the mother of nine children, besides having had two miscarriages,

all single births. She told me that she usually got no sleep for two days and nights after the birth of the child, on account of the after-pains. After the birth of the child the uterus felt flat, no tendency to assume a globular form. I gave about one ounce of vinegar; contractions soon came on and I removed the placenta. It occurred to me that if vinegar was more effectual than ergot in keeping up contraction, it should be more effectual than ergot in keeping off the after-pains. I mixed half a glass of vinegar and water in equal proportions and ordered a teaspoonful to be given every two hours.

September 20th. Slept nearly all night. Very little after-pain; thinks she would have slept the whole night had not the babe wakened her occasionally by crying; very little lochia, much less than usual.

September 21st, 2 P.M. Had three or four pretty sharp pains last night. Uterus feels very small, very little lochia; counted the pulse three times, 55-56, and after a slight movement of the body, 59. Temperature $97\frac{1}{2}^{\circ}$.

September 22d, 1.20 P.M. Pulse 57, 57, 62, 62. Temperature $98\frac{1}{2}^{\circ}$. Breasts full of milk; babe nursed up to last night, but will not nurse to-day. Directed patient to get a nipple-shield for babe to nurse through. No after-pains, no tenderness of uterus, very little lochia; only took two doses of vinegar to-day; to take one or two doses more, and then stop.

September 23d, 9.30 A.M. Babe has not nursed yet. Breasts were painful; but rubbing with melted lard relieved them. Babe's tongue very white in centre with red sore-looking edges for which it got belladonna 32. Mother's pulse, 69. Temperature $98\frac{1}{2}^{\circ}$. Uterus about one-half the size it was after 24 hours. No tenderness, very little lochia, which is getting lighter in color. No medicine prescribed.

September 24th, 2.30 P.M. Pulse 60. Temperature $98\frac{1}{2}^{\circ}$. Babe is nursing now.

September 25th, 2 P.M. Pulse 53; and after slight motion, 59; temperature 98° . She appears to have very little milk, which usually disappears when her babe is two or three weeks old; she then resorts to the bottle: *R. Agnus castus*, 12th.

October 1st. Has plenty of milk. Sitting up and feels very well.

My son has tried Dr. Penrose's plan of squeezing the vinegar from a rag conveyed by the hand into the cavity of the uterus. In the first case it acted very promptly, forcing the coagulated blood, hand, rag, and all out of the uterus at once.

In two other cases he says the vinegar produced so much smarting about the vulva that the patients twisted and squirmed about so that he could not get his hand into the uterus. I tried it in one case, the one where both vinegar and ergot failed, but I think in passing the hand through the vulva, the vinegar was nearly all squeezed out of the rag, so it produced but very little effect. I think a much better plan would be to use a rubber bag, with a long curved nozzle attached, such as is now used for injecting styptics into the uterus.

I am inclined to think the dose of vinegar recommended in the *Digest* is unnecessarily large, and that from a teaspoonful to a tablespoonful in most cases of active hæmorrhage, would be amply sufficient. In passive hæmorrhage, much smaller doses should suffice. I should expect to see it act more promptly in hæmorrhage from the stomach, than in any other species of hæmorrhage. I should be inclined to give it in all internal hæmorrhages, viz.: from the nose, the gums, the lungs, stomach, bowels, rectum, anus, kidneys, uterus, bladder, urethra, etc. I would also apply it freely on a sponge or raw cotton to bleeding wounds, as I have done in one case with success. From my earliest recollection, vinegar and brown paper has been a domestic remedy for bruises and sprains. In very bad cases it was thought necessary to mix vinegar and clay.

I was told a few weeks ago by a medical friend that Dr. C. G. Raue was accustomed, for years, to make his first visit in the morning to his friend Dr. C. Hering. In fact he kept his horse in Dr. Hering's stable, and had his carriage taken to Dr. Hering's door instead of his own.

One morning on Dr. Hering asking how he felt, he replied: "I feel very badly; that boy of mine has had the croup all night, and nothing does him any good." "Have you forgotten acetic acid?" said Dr. Hering. "Yes, I have," said Dr. Raue; "I will go right home and give it to him." He went home, diluted some vinegar and gave it to him, and the croup was soon well.

Dr. Hempel (*Materia Medica and Therapeutics*) gives some cases of poisoning by the use of large doses of vinegar; from the symptoms produced, he recommends it in gastrodynia, dyspepsia, acidity of the stomach, as an application to the perineum in spermatorrhœa; and Dr. William Owens, of Cincinnati, recommends acet. ac. 1x as a wash for chancres with invariably good results. It has been recommended in Hufeland's Journal, in ascites and anasarca (an old domestic remedy is hard cider and rusty iron); by Dr. Parrot, of Dorpat, Russia, in 1812, in epidemic typhus, etc.; according to

Hering's Cond. Materia Medica. Characteristic symptoms: Face anxious, wild expression of countenance; left cheek very red, with the fever (croup); pale, waxen, emaciated. Allen adds: Spots of perspiration on the forehead, both cheeks flushed. Hering also has this in *Guiding Symptoms*.

In his *Guiding Symptoms* he has it more intelligible:

Expression wild, pupils dilated.

Face pale, waxen, emaciated. θ Dropsy.

Eyes sunken and surrounded by dark rings.

Left cheek, bright-red with the fever. θ Croup.

Sweat on the forehead in spots.

The most extensive proving I have seen is in Hering's *Guiding Symptoms*.

I was recently told by Dr. J. C. Morgan, that he thought the late Prof. H. N. Guernsey had left many unpublished key-note symptoms of acetic acid; that if I would write to his son, Dr. Joseph C. Guernsey, he would send them to me. In his answer he said "it was impossible to find at present any unpublished symptoms of acetic acid." He referred me to the February number, 1885, page 94, of the *Hahnemannian Monthly*, in which Dr. Guernsey says: "A very rich group of symptoms characteristic of this remedy is *intense thirst, passing of extra large quantities of urine, and great debility*. These three legs are often found to support a multitude of troubles, which are completely dissipated by a few doses of acetic acid, not lower than the 30th. The symptoms nearly correspond to arsenicum, but the striking difference is, one feels nauseated by arsenicum, but never by acetic acid. Again, in acetic acid, one feels as if an *ulcer* were in the *stomach*, giving great uneasiness. In the sickness of pregnancy, this often occurs in bad cases. Then acetic acid in children who have no appetite, who drink a great deal, much pain in stomach or abdomen, diarrhoea with undigested stools, sleepless nights, much emaciation; abdomen and legs often much swollen, very weak. No remedy here like acetic acid 30. But do not forget the three important legs. In *myelitis*, with the three legs, when the pain in the *back* is relieved *only* by lying on the abdomen."

Dr. J. C. Guernsey informed me that, on referring to his father's copy of *Guiding Symptoms*, he found the following annotations by him:

"*Urine*.—Abundant sugar in urine.

"*Male sexual organs*.—Prepuce thickened, fissured, cannot be retracted and itches fearfully. Sexual passion, but feeble erection.

"*Back*.—Pain and distress in the back, relieved by lying on abdomen.^θ Myelitis.

"*Lower limbs*.—Want of elasticity in lower extremities."

I may be accused of recommending the empirical use of acetic acid in the diseases I have enumerated; but it is well for us to remember, that remedies often have a physiological action as well as a homœopathic one; also, that "the physician's highest and *only* calling is to restore health to the sick, which is called healing."

"The highest aim of healing is the speedy, gentle, and permanent restitution of health, or alleviation and obliteration of disease in its entire extent, in the shortest, most reliable, and safest manner, according to clearly intelligible reasons."—Hahnemann's *Organon*.

NOTE.—Vinegar continues to be my chief reliance in both post-partum hæmorrhage and after-pains. I once administered vinegar and water to a patient who appeared to be in articulo mortis from the effects of Flemming's tincture of aconite taken with suicidal intent. The jaws were so stiff I had to pry the mouth open. After pouring a teaspoonful of vinegar and water into the mouth, I swayed the larynx and œsophagus from side to side to get it down. After getting five or six teaspoonfuls of the mixture into the stomach, the patient suddenly rose up in bed. In not more than twenty minutes after taking about two ounces of vinegar and water, the patient was out of danger.

BALTIMORE, October 8th, 1888.

DOUBLE HEARING.

BY W. H. BIGLER, M.D., PHILADELPHIA, PA.

(Read before the Philadelphia County Homœopathic Medical Society.)

DOUBLE HEARING, *paracusis duplicata* (Moos), or *diplacusis* (Knapp), in its pronounced form, is an affection of not very frequent occurrence, and no doubt also at times fails to be diagnosed because a certain amount of appreciation of musical tones on the part of the patient is necessary to its recognition. In its less decided manifestations it is readily confounded with abnormal sounds arising from the so common catarrhal conditions of the ears and throat. It may be binauricular or monauricular. In the former variety a tone is heard correctly with one ear, while with the affected one it is heard one or several tones, higher or lower.

Cases have been related by Von Gumpert, Von Wittich, Knapp and others—the first two giving their own experience. In Von Gumpert's case the notes varied between the third, the fourth, and the octaves; the true tone appearing close to him, while the false note seemed several yards away. He also perceived the echo-like ending of words.

Von Wittich says of his own case: "The notes of a tuning-fork appeared exactly a half-tone higher in the diseased ear than in the well one. The same was perceived respecting notes of the middle scale, either when whistled or struck on the piano. They were heard *double*, the difference between the two sides being half a tone. This phenomenon remained unaltered, both when the external auditory canal on the affected side was filled with water or cotton-wool, and when by inflation the membrana tympani was made to change its tension."

In Knapp's case the diseased ear heard the tone lower instead of higher. Knapp's explanation (Pomeroy) is that it depends upon the faulty tuning of some of the fibres of Corti's organ. In certain cases the fibres are too tense, vibrating in unison with a tone above that received in the normal state, while in other instances they are relaxed, so that a number of vibrations fewer than the normal suffice to induce sonorous activity. Consequently when the fibre is tuned to a note above its normal pitch, it conveys to the acoustic centre its own proper note, and the sound perceived will be lower than that of its normal fellow. To illustrate, suppose a sound of 350 vibrations per second is perceived by both ears. The normal ear having a fibre which co-vibrates with a sound produced by 350 vibrations per second, this impression will be carried to the acoustic centre. But the fellow ear has a fibre of 300 normal vibrations per second, and from its morbid tension it is tuned to 350; so that when the 350 vibrations reach each cochlea, the healthy ear carries the impression of noise to the sensorium, while the opposite ear carried only the impression of 300 vibrations, and consequently hears the sound just so much lower than its fellow. Where there is relaxation of the fibres of Corti an opposite condition exists, that is, the diseased ear would perceive sounds of a higher pitch than normal.

In the monauricular variety the double sound is heard in the same ear, the patient first hearing the sound in its true pitch; but directly afterwards there follows a second echo-like tone, either and usually in the same, occasionally in an altered pitch.

That these phenomena depend upon some pathological change in the cochlea is admitted by all, but as yet no autopsies have been able to demonstrate what that might be. In all cases narrated the affection has occurred in connection with, or secondary to, some form of middle ear disease, and this circumstance might lead us erroneously to seek its cause there.

The following case is particularly interesting because, as will be seen, the patient, a very intelligent young lady, was able clearly to distinguish between those abnormal sounds due to the catarrhal condition of the middle ear and the double hearing of which we are speaking. M. M., aged 23 years, has had catarrhal trouble, post-nasal and aural, for a number of years, accompanied in the *left* ear by a noise as of gas escaping under pressure; in the *right* ear by a subdued purring increasing into a buzzing as of a fly, and in a lower pitch than the noise in the left ear. Only when at its worst, from cold caught, is this noise in the right ear affected by heavy sounds from without, which then cause a continued rumbling, then gradually subsided into the buzzing, and then into the purring, which is always present. These two sounds, the blowing in the left, and the purring in the right ear, the patient recognizes as dependent upon her catarrh, and influenced by aggravation and amelioration in its condition. Last March, however, during the course of a severe cold, by which these noises had been considerably aggravated as usual, there suddenly occurred one morning in the *right* ear a peculiar very distressing sound. All lighter sounds were followed by a decided echo, somewhat shriller than the original,—how much the tone was raised she could not determine, but from her description presumably not more than a third. In no way was she able to modify or suppress this echo, which had an effect upon her nervous system such as the previous noises had never produced. With it there was also a hyper-sensitiveness to slight external sounds which seemed to reach her ear almost like actual blows. She consulted two well-known aurists, but in spite of inflation of the tympanum and instillations of various substances the condition was not markedly improved, although the echo seemed very gradually to become less marked and annoying, until after several weeks while walking on Chestnut street she suddenly noticed that she no longer heard it.

In October the same echo after loud shrill sounds suddenly reappeared. This time there had been no special cold preceding it, nor was the double sound so intense as on the previous occasion, although

the nervous symptoms were equally as distressing. At the end of one week, after becoming gradually better it suddenly ceased. For a third time it returned, but again with diminished severity, and after a couple of days suddenly disappeared.

After her first attack Miss M. had come under my treatment for her catarrh, so that for the second and third attacks of double hearing she received medicine from me. In the first instance, *causticum* and *theridion*; in the second, *glonoin*.

I would hardly wish to claim any very great share in the rapid subsidence of this distressing symptom, for the gradual cessation was the same as on two occasions before she came into my hands, although the length of the attack was very much shorter. The three remedies given, however, cover the three most likely bases of the symptoms, catarrhal, nervous, and congestive. In the Condensed Mat. Med. *causticum* is the only one of the three that has the symptoms "words and steps re-echo in the ears."

Similar symptoms are found there as follows:

Kali bromatum.—Sounds echo in the ears.

Nitric ac.—One's speech echoes in the ears.

Nux vom.—Strong reverberation of sounds in the ears.

Phos.—Sounds reverberate in the ears; especially music.

Phos. ac.—Every sound re-echoes loudly in the ears.

Sarsaparilla.—Words reverberate in the ear. Sound in head when talking as if a bell was striking.

(Almost reminding of binauricular diplacusis.)

Secale.—Undue sensitiveness of hearing, so that even the slightest sound re-echoed in her head and made her shudder.

From a careful record of the symptoms of each case and of the remedy under the use of which they have disappeared, I think we could logically arrive at a knowledge of their cause, even in absence of autopsies.

HÆMATOMA OVARII—A CASE FOR TAIT'S OPERATION.

BY B. F. BETTS, M.D., PHILADELPHIA.

(Read at a Meeting of the Hahnemann Club.)

As there is a well-grounded impression that oophorectomy is often resorted to when other means might prove as efficient, if time was given for their employment, I have thought it might be of interest

to report a case in which the usual medicinal means at our disposal were carefully and continuously applied for several months and found to be inadequate to effect a cure, whilst the operation has apparently secured all that has been claimed for it, in lessening a copious metrostaxis and relieving the patient of various reflex pains due to ovarian disease from which she has heretofore suffered. It may, therefore, be appropriately termed "A Case for Tait's Operation." It is believed that the case will prove of interest, also, on account of the large amount of blood found in the diseased ovary, constituting an hæmatoma ovarii.

Mrs. V. is 47 years of age, and the mother of a large family of children. She has been pale and anæmic, and suffered from menorrhagia all her menstrual life. In April, 1886, she summoned me to treat her in the sixth month of gestation for persistent pregnant vomiting, from which she had been bedridden for several weeks. This sickness, with frequent attacks of hiccough, deprived her of rest at night, as it prevented her from taking nourishment in the day-time, but under treatment, which consisted in the administration of arsenicum, and later lycop., with applications of glycerine tampons to the engorged cervix uteri, and the use of equal parts of bovine and unfermented wine mixed as nourishment, she improved so as to be able to be about again for a month prior to her confinement. Her parturition and subsequent lying-in were uneventful, except for the loss of a large quantity of blood for several days after the birth of the child and a protracted lochial discharge, which retarded her convalescence until the end of the third week. Bell., and later hama-melis, were the remedies which proved most efficacious in controlling the flow at this time. But, as she was unable to nurse her baby, the menses soon returned, and, notwithstanding careful treatment of the case, all means seemed to be inadequate to prevent either their too frequent recurrence or too long continuance. China, with recumbency after the first or second day, were only palliative in their effect, and had to be prescribed each month.

Various reflex uterine symptoms obtruded themselves at this time to add to her discomfort and increase her discouragement. The infra-mammary pains, neuralgic headache, pelvic tenesmus, and neuralgia were the hardest to bear, and in the summer of 1887 she again became pregnant. After being assured that such was her fate, instead of the menstrual cessation being due to the menopause, as she had vainly hoped was the case, she became more discouraged than ever, yet she persisted in her efforts to attend to her household duties

and always maintained a bright and cheerful exterior. About the third month of gestation she passed a blighted ovum whilst at stool. The denuded bones of the foetal skeleton were felt to pass with a flow of blood, and were preserved upon a piece of paper, to which they have adhered ever since and which I now show you.

The placenta was removed by manual means without delay, so as to save her from the effects of additional blood-loss. It seemed to be firm and hard, like compact fibrous tissue, and presented but few of the evidences of placental structure.

After this her debility was more marked than ever, the system seemed to suffer from the effects of the abortion more than it did from the birth of the matured foetus a year before, ovarian pains and pelvic sensitiveness continued unabated, pessaries could not be worn, and the only means of relief was found in the careful adjustment of cotton tampons within the vagina two or three times a week to correct the uterine prolapsus. Six months after the abortion the left ovary was found to be very much enlarged, and the tubes thickened and sensitive. In May of this year her ovary was as large as her fist, and she found it necessary to alter her clothing to conform to her increased waist measure. The uterus was enlarged and sensitive. She was now scarcely able to be out of bed, and concluded to spend the summer at her home in the city, so as to remain under treatment. From this time the ovarian enlargement diminished, so that in a few months it was about the size of a hulled walnut. *Lil. tig. 6* seemed to be most beneficial at this time, but the menses still returned every three weeks and were as profuse as ever, and the reflex, pelvic, and other pains were continuous, and I decided to remove both ovaries and tubes as soon as she was prepared to stand the operation.

Upon the 27th of October I had her brought to my private Gynaecological Hospital, and by the 30th she was sufficiently recovered from her previous menstrual flow to be operated upon. Opening the abdominal cavity, I found the left ovary enlarged to the size mentioned above, and filled with a dark grumous mass, which proved to be a collection of blood imperfectly organized. The right ovary was removed, along with the tubes and diseased ovary of the left side, as the object of the operation was to establish the menopause, as well as to relieve the pains complained of in the left ovarian region, and in other parts of the body, due to reflex ovarian irritation. After the operation she complained of intense backache and pains going down the thighs, but one or two doses of puls. removed these promptly. At the regular time she menstruated, "but lost no more blood,"

to use her expression, "during the whole time than was her habit before on the first day of the flow." And instead of persisting for ten or twelve days all traces vanished after the third day. The temperature remained nearly normal after the operation, and she made a rapid recovery. She could now lie upon her left side, which was always torture to attempt before, and sleeps and eats better than she has done for years. There are at times evidences of a tendency to nose-bleed, or a slight sanguineous discharge from the vagina, as though nature was loath to adapt herself to the conditions which must eventually supervene in consequence of the cessation of ovulation.

When the dressings were removed from the abdominal incision upon the ninth day the union was only peritoneal, the vitality of the tissues being so low that but little else had been accomplished in the way of uniting the opposite edges of the cut surfaces, but later, when nutrition was more satisfactory, a good firm cicatrization was effected.

The case was diagnosed as one of ovarian apoplexy.* Of this affection we have two varieties—one being a true hæmorrhage into a follicle that has matured or undergone cystic degeneration; and the other variety consists of the formation of clots within the stroma of the ovary. The case reported belongs to the first class. With the hæmorrhagic tendency increased by the rigidity and calcification, or at least increased friability of the arteries, due to senile change at this period of life, we could hardly expect to effect a perfect cure with medicine alone, certainly less speedily than by the operation. The fimbriated extremity of the tube had become adherent about the ovary from inflammation, but most of the hæmatoma was covered by a very thin tunic, which was a constant menace to life from its liability to rupture and discharge its contents into the peritoneal cavity, especially if such disorganization of the clot should occur as to render it septic. Borvin and Duges reported a case where the patient was seized with violent pain in the abdomen, collapsed, and died in a few hours from early rupture of such an ovarian hæmatoma, but I am unable to find a case reported in which so large an accumulation was found as must have been present in May last. The effort to prevent the recurrence of the menstrual nixus by the removal of the appendages cannot but benefit the patient in such a case as this, for at the age of forty-seven she can have no further use for organs which have so "grievously offended."

* The specimen was examined later, and found to confirm this diagnosis. Two large organized clots were turned out of their capsules in the ovary.

CASES FROM OPHTHALMIC PRACTICE.

BY W. P. FOWLER, M.D., ROCHESTER, N. Y.

(Read before the N. Y. State Hom. Med. Society, Sept. 11th, 1888.)

CASE I.—*Chromhydrosis, with polypus of the conjunctiva*.—Mr. C. B., æt. 52 years, consulted me December 13th, 1887, in regard to a "growth" on the inner surface of the lower eyelid. He stated that the trouble had existed for about two months, and that of late the tumor had increased rapidly in size.

I found a polypus springing from the palpebral conjunctiva of the left eye. The growth was flattened, and extended over one-half of the inner surface of the lower lid. The pedicle was very large—almost as broad as the growth. Aside from the polypus the eye presented a very unusual and interesting appearance. Along the border of the eyelid, and extending downward somewhat upon the face, was a dark brown, almost black discoloration. It looked very much like a nitrate of silver stain, so much so in fact that I inquired of my patient if he had not been using nitrate of silver to kill the polypus. "No," he replied, "I have never used anything. The black stains came on gradually and have been there for more than twenty years. During that time they have changed somewhat in size and location, but have never entirely disappeared."

The discoloration had the appearance of being *beneath* the epidermis, and could not be removed with oil, glycerine or water.

The polypus was excised, and the remains of the pedicle cauterized with nitrate of silver. I prescribed thuya—a dose night and morning. Two months after this the patient again came to me, as there were indications of a return of the growth. Nitrate of silver was again applied a number of times, and calc. carb. given. There has been no recurrence of the polypus. No treatment was advised for the discoloration.

This case is a somewhat interesting one from several points of view. Pigmentation of the eyelids—chromhydrosis—is very rarely met with, and the nature of the trouble is not thoroughly understood. Polypus of the conjunctiva is not of frequent occurrence, and in this case I failed to discover any exciting cause. There had been no conjunctivitis or irritation of the eye.

In reference to the discoloration of the eyelid, Wells* says: "It can readily be removed with oil or glycerine, but apparently not

* Diseases of the Eye, p. 808.

with water. It has been chiefly met with in females, more especially those of a nervous hysterical temperament, and there can be but little doubt that it is artificial, being due to some pigment painted on by the patient in order to deceive her medical attendant, and to awaken interest or compassion."

Tilbury Fox* speaks of chromhydrosis as follows: "It occurs in hypochondriacs, or in women with uterine disorders of different kinds. It is seen as a symmetrical affection attacking mostly the eyelids and the lower one chiefly, but in other instances, and more rarely, the upper eyelid, the cheeks, the forehead, the sides of the nose, the breast, the stomach and the hands. . . . The disease may be simulated. . . . But there appears to be no doubt that there is a real chromhydrosis."

The discoloration in the case I have reported could not be removed, for I made repeated attempts to wash it off, and failed. The patient was a strong healthy man, free from anything like hysteria. He was under observation several months, and during that time there was no variation in the appearance of the blackish spots. I am sure that the condition was not due to artificial means.

CASE II.—*Acute granular conjunctivitis, with ulceration of the cornea.*—Mrs. C., æt. 60 years, first seen March 27th, 1888. Patient was very pale, reduced in flesh, and so weak as to be hardly able to walk to my office. She stated that her right eye had been troubling her for about eight weeks; that she was unable to get any rest at night on account of pain in eye and head, and that the eye felt "rough," as if it were full of sand.

The eyelids were red, cedematous, and closed on account of the intense photophobia. Lachrymation was profuse and scalding. The inner surface of both upper and lower lids was well covered with granulations, the ocular conjunctiva greatly congested, and the upper third of the cornea denuded of epithelium. The edges of this broad ulcerated surface were of a whitish color. Pupil much contracted.

I learned that the treatment she had received caused much pain. Sulphate of copper had been applied daily for several weeks, and later tannin and glycerine—a drop or two in the eye every day.

The patient was given ars. 6x, a solution of atropia—two grains to the ounce—dropped in the eye, and a cold compress applied. After four days, there being but little relief, I gave rhus 3d in place of the ars. This seemed to relieve the photophobia and lach-

* Skin Diseases, p. 481-82.

rymation to some extent, but the granulations and ulcer did not perceptibly diminish. Quinia sulph. was now dusted on the granulations once a day. The lids were everted, the quinine applied and allowed to remain about half a minute, then washed off. Under this treatment the patient in ten weeks made a good recovery. During that time she was advised to get as much open air as possible, to eat plain, nutritious food, and to protect the eyes from bright light with a veil or colored glasses. Nux vom., then china, were given after the rhus.

There is nothing very remarkable about this case, but I report it for the purpose of calling attention to two points: First, the injurious effect of caustics and other irritating applications in acute trachoma, and second, the value of quinine as a remedy.

Caustics and irritants of all kinds should be carefully avoided when there is much photophobia, lachrymation, and ciliary irritation. This patient had all these symptoms, yet sulphate of copper, tannin, etc., were freely used up to the time I saw her. She was anæmic, much reduced in strength, and poorly nourished. The caustic, I believe, had much to do in producing the extensive corneal ulcer—a grave complication in patients of this class. An abrasion of the cornea is liable to result in an obstinate ulcer whenever the system is below par; but in a case like the one under consideration, where there was in addition to the impoverished recuperative power a trachomatous condition, the task of inducing the healing process becomes doubly difficult. It is in cases such as this that quinine does good service. It does not irritate, yet causes the granulations to dwindle and the ulcer to heal. Bader, I believe, first advised the use of this drug in trachoma, but he employed it in chronic as well as acute cases. It has not done much for me in chronic granular conjunctivitis, but in the acute and subacute forms of the disease it has proved a valuable application.

CASE III.—*Lachrymal fistula*.—J. B., aged 32 years; was first seen June 9th, 1887. He gave the following history: "Four years ago I first noticed that the tears began to collect in my left eye, and run down over the cheek. Some time after this a slight swelling appeared at the inner angle of my eye, and remained for about two weeks. There was slight soreness. By pressing upon the swelling I caused its contents to escape upward into the eye. Soon after this the enlargement disappeared. The watering of the eye continued, though, and in a few weeks the trouble came on again. There was much pain and redness this time; and the swelling of the eyelids was so great that my eye was nearly closed. After suffering intensely

for five days relief came, as the abscess broke on my cheek and discharged freely. But the opening has never closed, and I come to you for treatment."

The fistula, as is usual in such cases, extended downward and outward towards the cheek. From the opening there was quite a free discharge of pus and tears. The tissues over the course of the fistula were dark red and considerably swollen.

Treatment in this case was both surgical and medical. The lower canaliculus was slit up, and a No. 3 Bowman's probe introduced into the sac. On turning the probe and endeavoring to pass it downward into the nasal duct, an obstruction was encountered at the lower portion of the sac. Gentle yet steady pressure caused the probe to overcome the stricture and pass down into the nasal cavity.

Aconite was prescribed and continued a week—then followed by silic. 6x, a dose every night. The probe was passed at intervals, first every day, then every other day, and finally twice a week. The size of the probe was increased until a No. 8 was introduced with ease. Tears ceased to collect in the eye, the swelling and redness disappeared, and at the expiration of two months the fistula had closed. There has been no return of the difficulty.

Cases similar to this one are frequently met with in ophthalmic practice, and are usually the result of neglect or improper treatment. The difficulty is almost always dependent upon a stricture of the nasal duct. This is allowed to remain. As a result, tears and mucus collect in the lachrymal sac until it is greatly distended and highly inflamed. Pus forms, is not given vent, and finally bursts through the walls of the sac, leaving a fistula. Sometimes this closes spontaneously, but more frequently it becomes permanent. Remedies are of but little use until the stricture is overcome. Stilling's operation is occasionally necessary when the obstruction is very firm and resisting. As a rule, though, this cutting process is uncalled for, as the probe can be passed by the exercise of a little patience and dexterity.

In only a few instances have I found it necessary to use nitrate of silver locally to cause the fistula to heal, and have never obliterated the tear sac as advised by some. Probing, and the use of homœopathic remedies—sil., merc., hepar, iod. of potass., puls., etc.—are sufficient to effect a cure.

THE PHYSICAL SIGNS OF PHTHISIS.

. BY WILLIAM W. VAN BAUN, M.D., PHILADELPHIA.

(Read before the Philadelphia Medical Club.)

PHTHISIS presents the physical signs dependent on a beginning and a slowly progressive consolidation, followed by excavation of the parts of the lungs affected. It is desirable to determine the condition of phthisis in its incipency; this will require careful examinations, repeated at intervals of four to six weeks, before a negative opinion can be given, if symptoms of a suspicious character be present.

The normal variations at the summit of the two sides of the chest are frequently the source of considerable difficulty in determining the existence of beginning change in an apex. Recalling the normal disparity as found on percussion and auscultation, we have, as a rule, the resonance somewhat diminished on the right side in comparison to that of the left. Any dulness, however slight, at the apex of the left lung is, without question, abnormal. There are more or less louder broncho-vesicular respiration, greater normal vocal resonance, marked whispered voice, together with the little louder transmission of the second sound of the heart on the right side.

The conditions furnishing the abnormal signs in the incipency of the disease are, solidification of a small section, or of small sections, of the lung, situated, as a rule, at or near the apex either in front or behind; the presence of mucus in the smaller bronchial tubes, and, occasionally, circumscribed pleurisy corresponding to the portion or portions of the lungs solidified.

In examining a case, it is important to ascertain if there is diminished mobility of the upper part of the chest on one side or the other; this is readily accomplished by standing behind the patient with one hand placed lightly below each clavicle of the subject. The examiner can then detect any difference in the expansion of the two sides. One side will probably lag behind the other, or the movement on one side will stop before expansion on the other is completed.

The assistance derived from percussion will depend on the care taken in comparing, closely, corresponding regions of the chest. To clearly bring out impairment of resonance in the regions above and below the clavicles, it is essential to employ, in succession, strokes of varying degrees in force; in this way only can a successful percussion-exploration be made.

With a small phthisical affection the examiner will be able to discern a lessened intensity of resonance. Where this deficiency of resonance is not decided, attention to the pitch—which is always raised—will assist in detecting a comparatively small area of consolidation. Occasionally, cases will present a vesiculo-tympanic, or exaggerated, resonance; this is dependent upon a secondary lobular emphysema.

The suggestion—when searching for slight differences in the apices—to gently flick the two clavicles in turn with the fingers, is a good one, as can be readily demonstrated on trial; the resulting osteal sound will be found, in most cases, to be mixed with unequal degrees of pulmonary resonance on the two sides.

Firm blows are necessary in determining differences in the suprascapular regions. As the disease progresses, the resonance will give way to gradually increasing dulness. Phthisical infiltration is rarely ever sufficient to give rise to flatness, and the deposit of miliary tubercles must be in great quantities to cause even dulness. On auscultating incipient cases, the respiratory sounds at the summit of the affected side will often be weakened to such an extent as to render it impossible to make out their characters. This deficiency of the normal respiratory murmur, especially if permanently confined to one apex, is, in connection with other signs, indicative of commencing solidification. In weighing this sign, it will be well to take into consideration the fact that temporary disappearance of the normal respiration may be due to plugging of a bronchial tube with mucus. A case or two in point:

Miss Amy W., age 19. An intelligent, bright, active young lady, with a good family history, reported frequent attacks of cold, with fever, cough, and slight expectoration. Complains of a constant feeling of coldness all over her; capricious appetite, is never really hungry, is averse to fatty articles of diet. Indigestion, more or less marked, at intervals. Irregular alvine discharges. Some loss of flesh; afternoon flushes; anæmic; menstrual derangement. The skin has a peculiar tight, bleached appearance. Muscular weakness; never feels rested; sleep restless. Her temper is becoming irritable; fancies she is neglected; is very anxious and nervous about her condition. Sometimes, slight hoarseness. Occasional cough. Now and then, chest pains. Slight dyspnoea, and a not infrequent evening rise of temperature of 1° or 2° . Can inspire 90 cubic inches on effort.

Inspection.—A tall girl, not well nourished, with a long and narrow thorax; jerking respiration, probably due to nervousness.

Palpation.—The expansion of the left side ceases before that of the right chest is completed.

Percussion.—A shade of dulness over left apex, with some elevation in pitch.

Auscultation.—Respiration so feeble as to be negative.

Larynx.—Hyperæmic. Three months later, finding, with other symptoms, the same condition of feeble respiration, a diagnosis of incipient phthisis was made, notwithstanding her good family record.

This opinion has since proved to be correct, as at present there is marked solidification in both apices.

CASE 2. Mr. J., a large, thin, raw-boned young man of 22 years. Stated he had been coughing for three or four weeks, and had, the day before, raised some blood; history of consumption on paternal side, father having died of "lingering pneumonia" when 30 years old. Temperature, 100°. Throat and chest feel very dry. Cough spasmodic, rough, and barking. Breathing, rapid, wheezing, and rattling. Tickling in trachea on inspiration, frequently causing cough, which hurts the chest. Cough troublesome for two or three hours after going to bed, balance of night spent comfortably. Rattling of mucus in throat and chest; expectoration scanty.

Physical Examination.—An incompleteness of expansion on the left side, and an entire suppression of respiration in the left upper lobe. Percussion-resonance remaining vesicular.

R_x. Bromine 30, and inhalations, three or four times daily, of the fifteenth volume solution of hydrogen peroxide, with glycerine c.p., by means of Dr. Bleyer's ozonizer.

A week later, he reported cough had been very troublesome for two days, expectoration had become profuse; the dryness of throat and chest was relieved. There had been no return of hæmorrhage, and he felt much better, although the cough still troubled him considerably. On examination, the respiratory murmur in the left upper chest had not only returned, but it was exaggerated. Treatment continued. Two weeks later all the symptoms were greatly improved. The suppression of the respiratory murmur was attributed to a bronchial plugging with mucus.

In certain cases, the presence of tubercles will give to the vesicular murmur a loud, harsh character—the broncho-vesicular murmur of Flint. This murmur is evidence not only of the existence of solidification, but also of the degree of solidification. Its distinctive feature is a combination of the vesicular and tubular qualities in the *inspiratory* sound, combined in varying degrees, the pitch being

raised in proportion to the predominance of the tubular quality. The *expiratory* sound is prolonged, of tubular quality, with the pitch raised in proportion to the increase of the tubular over the vesicular quality in the inspiratory sound. This predominance of the tubular quality depends upon the degree of solidification.

Broncho-vesicular respiration can be studied in all its varied proportions, in cases of acute lobar pneumonia, in the stage of resolution.

In incipient cases, the character of the vesicular murmur may be modified in numerous ways; the murmur may be divided into two or three distinct parts, which may correspond to irregularities in the movements of the chest walls, or it may have a jerking quality, the peculiarity of which has been compared with a sound produced by a cog-wheel revolving.

The clinical importance of this sound is derived from its association with other signs; of itself it possesses no particular value; it is not necessarily indicative of the presence of disease. Dr. Walsh has observed it in one or both apices when free from consolidation of any kind. Fagge claimed he had repeatedly noticed that the separate sounds which make up cog-wheeled breathings are synchronous with as many cardiac pulsations. He also states that Potain, in 1877, pointed out the same fact.

Adventitious sounds, such as the crepitant and subcrepitant râles, limited to an upper lobe, are of special diagnostic importance, and are suggestive of early phthisis, since it is probable that simple catarrh is never localized. In a large percentage of cases they are only heard immediately following a spell of coughing.

The existence of a pleural friction murmur, or the abnormal transmission of the heart-sounds within one of the infra-clavicular regions, assists in making a correct diagnosis.

In cases where laryngeal complications precede a marked invasion of the lungs, they will often give rise to a hoarse, rough murmur on inspiration, completely masking the pulmonary signs; in this manner the lesion of the lung may escape detection. It is well to remember that chronic laryngitis, when not of specific origin, is usually dependent on, or is secondary to, phthisis.

How small a portion of consolidation will give rise to physical signs sufficient to base a diagnosis? is an interesting question, but it is still problematic.

It is the exceptional case of phthisis that presents itself to the physician in its incipency. The diagnosis in patients seeking advice is, as a rule, not difficult, the signs being well marked. Inspec-

tion reveals shrinkage of the lung at the apex. There will be diminished expansion, causing infra-clavicular depression. The restricted respiratory movements are limited, generally, to the diseased portions. These changes are due to interstitial developments.

As consolidation goes on, dulness on percussion becomes more marked. Auscultation reveals broncho-vesicular respiration, with decided increase of vocal resonance, and bronchial whisper, or marked bronchial respiration may be present.

The voice is transmitted to the examining ear with a loudness that constitutes bronchophony, and when articulate words can be distinguished pectoriloquy is present. In this stage the accessory signs are prominent. Various combinations exist. In one of the most frequent, inspiration is attended with bronchial râles of varying degrees of fineness, masking completely the blowing character of the sound; whereas, on expiration immediately following, only a blowing sound is heard, the râles being absent. In certain cases, where there is tubercular solidified portions of lung, dulness on percussion may not only be wanting, but there may be an increased resonance. The character of this resonance is altered, with the increase of intensity, the quality is partly vesicular and partly tympanitic; when this combination exists, the pitch is always raised. This sign Flint has called vesiculo-tympanitic resonance. It indicates that the portions of lung between the spots of consolidation are emphysematous. The sign, of itself, is apt to be misleading. Excavation of lung tissue is now added to the slowly progressive consolidation. Cavities are most frequently found at the apex of the lung, and in the region of the scapula below its spine. The physical signs of cavities are derived from percussion, and by auscultation of the respiration and voice. In rare cases, considerable excavation may exist without the physical signs indicating it by any modification in their character; this is so unusual, and the formation of vomicæ is an occurrence so nearly universal that one is scarcely ever wrong in diagnosing the presence of a cavity, at whatever spot that happens to be the seat of well-marked "hollow sound." A circumscribed tympanitic sound is indicative of the existence of a cavity, and when combined with either an amphoric, or cracked metal, intonation it becomes doubly so.

This latter combination is brought out more clearly by percussing with a single forcible stroke, with the ear close to the patient's open mouth.

These signs are wanting when the cavities contains much liquid, or when the bronchial communication is temporarily cut off.

Flint claims a distinctive cavernous sign, and gives as its characters: "An inspiratory sound, low in pitch and non-tubular in quality, followed by an expiration also non-tubular and still lower in pitch." The quality of this sound is blowing both on inspiration and expiration; thus differing from bronchial respiration, which is high in pitch and tubular in quality.

The Germans, accepting the teachings of Skoda, consider cavernous and bronchial respiration identical.

The metamorphosing murmur of Seitz is a modification occurring only when cavities are present. It is characterized by an unusually harsh sound, lasting one-third of the inspiration, followed during the balance two-thirds, by bronchial breathing associated with a metallic echo, or ordinary râles.

In large vomices, all kinds of amphoric phenomena may be found, such as amphoric respiration together with amphoric voice and whisper. Metallic tinkling is seldom present.

If articulated words are transmitted through the chest to the examining ear, unassociated with bronchophonic characters, pectoriloquy is existing indicative of a cavity.

Finally, as Dr. Walsh has insisted, it is not to be forgotten that over a large cavity, or at least at its upper portion, there may be a dead silence, both respiratory and vocal.

NEOPLASTIC RHEUMATISM (?) OF THE VOCAL BANDS.

BY HORACE F. IVINS, M.D., PHILADELPHIA, PA.

(Read before the Philadelphia County Homœopathic Medical Society, Dec. 13th, 1888.)

It is with much hesitancy that I attempt to give a title to the article here presented, for where such diagnostic doubt has existed, even relief often fails to clear up a diagnosis. Were I permitted to offer my own diagnosis as the true one, I should suggest a "rheumatism of the vocal bands, complicated by nodules on the vocal ligaments."

The case is, an exceedingly interesting one to me, since the patient had been treated by one of our best Hahnemannian prescribers, and had, later, spent many months under the direction of two well-known laryngologists of the opposite faith. One pronounced the condition "paralysis of the vocal cords," and, accordingly, treated

it with electricity, rest, and medication. The other was equally confident that he was right in calling the condition "tumors of the vocal cords," and held out a like good prognosis under the application of the galvano-cautery to the growths and an enforced vocal quiet. This treatment was religiously followed, the patient abstaining from all singing for six months, and rarely speaking a word above a whisper for almost the same period. This treatment, however, gave only slight relief.

May 12th, 1885, Miss ——— called to see me, having been sent by Dr. Wm. C. Goodno (who had not treated her, however). Eight years before she had "strained" her voice while singing soprano in one of the fashionable choirs of this city, where she was obliged to sing, not only a great deal, but *very* difficult compositions, so that the mental, physical, and vocal strain was great.

Her first complaint was a "huskiness" in singing and a pain in the anterior chest, in the third intercostal space to the left of the sternum. The huskiness soon increased, and the voice became very uncertain. The high tones were difficult or impossible to strike except *fortissimo*, the *piano* passages were blurred and incomplete, some notes being inaudible. This condition served to aggravate the mental and physical strain, so that she was obliged to resign her position,—having passed from one of the richest soprano voices in Philadelphia to almost a vocal wreck.

Some days the voice would be fairly good, but for two or three months at a time there would rarely be any "good singing days," then, for a week or more, the condition would improve, only to grow worse in a short time.

The voice was usually better in the mornings than in the afternoons. It was impossible to sing when fatigued. Her physical condition was good throughout, save for some rheumatic pains in the neck and shoulders. This was apparently hereditary, as her mother had rheumatic gout.

Examination of the voice showed "marked phonetic waste of breath," a decided haziness throughout the upper part of the compass, and a frequent "breaking" on the upper tones, which were produced with evident effort. G above the staff was the most acute note which could be struck, and that only with much effort. Her method of tone production was good.

A mild nasal and a decided post-pharyngeal catarrh existed. The larynx was slightly catarrhal. On the free edge of each vocal band, near the junction of the anterior and middle thirds, was a little

nodule, apparently a catarrhal thickening of the mucous covering. That on the left was barely visible, while the right was nearly as large as a mustard seed. These, probably, acted as vibratory hindrances, but the chief defect seemed to be a lameness of the ligamentous bands, as though the muscles which adducted them were slow to act, not so much from a weakness, perhaps, as from a stiffness—rheumatism (?). The bands approximated slowly, hence the phonetic waste before the tone was started. After the tone was sounded the waste was often quite *nil*, thus, it seems to me, excluding the paralytic theory, as in that case the waste would have continued and the tone always have been imperfect under similar circumstances; further the vocal bands were not in a paralytic condition. If, again, we accept the theory that the nodules acted as the vocal hindrances it would be difficult to explain why the voice was fairly good one day and very poor the next. It is not difficult to understand why the voice should vary much from one minute to the next, if there existed a pedunculated growth, which frequently changed its relative position, but here there was no such pedicle. While I think some aggravation was caused by the nodules, it is necessary that we look for a more complete explanation elsewhere, and the later history and the results seem to confirm the catarrho-rheumatic theory, with nodular complications.

At the first visit (May 12th, 1885) a weak faradic current was applied to the vocal bands. The negative wire was attached to the laryngeal electrode, the positive to an electrode held in the palm of the hand. This was used very cautiously, owing to the great sensitiveness of the pharynx and larynx. Causticum 30x was given internally. The treatment was repeated twice weekly, and the remedy continued until the 12th of June, at which time puls. 12x was given for a catarrhal aggravation. But little change in the original trouble had been effected on the 24th of June, when the electricity was discontinued, and a solution of iodine gr. x and glycerine 3j was applied to the vocal bands. Iodine 6x was given internally. By the 3d of July the voice was "rather better, the sound less breathy and the hoarseness less." On the 7th of August the patient reported progress. The nodule on the left vocal band had disappeared and that on the right seemed smaller. The iodine was continued, both locally and internally, but, as a month later, no further improvement had followed, search was instituted, when it was learned that before the voice gave out Miss ——— had sung much in the open air, often while on the water, and in the fog. This had been accom-

panied by occasional "drenchings." Following these she had had rheumatic pains, and these still annoyed her at times. Acting upon this discovery, rhus tox. 12x was given, and from that date improvement began, and continued until she was greatly relieved, although there were occasional periodical attacks of weakness, and there was still lacking some of that richness of tone which had once been so characteristic of her voice.

In the attack and execution, however, there was little wanting, save what might have been expected of a voice 35 years of age after having been practically silenced for over eight years in the very prime of its beauty and effectiveness.

In November, 1887, some return of weakness was noted, but the local use of the iodide of glycerine and the 30th potency of rhus tox. soon restored the equilibrium, but rheumatic pains still appeared from time to time.

Miss —— was originally capable of singing over three octaves, *i.e.*, from C to D, but during the nine years of her indisposition the compass was much reduced, and it was so uncertain and so fatiguing to sing that it was looked upon as a lost art, for the attacks of severe hoarseness lasted two or three months at a time. At present Miss —— has a compass of three full, pure octaves, *i.e.*, from C to $\sharp C$, which are sung with pleasure to herself and delight to her friends; the chest tones are purer and richer than ever, but the voice lacks some of that freshness of former days, though the trill and general execution are as good as ever, save when she has an occasional hoarseness of two or three days' duration. A residence at the sea-shore effectually puts a stop to her singing,

Miss —— said yesterday: "My voice is infinitely better this winter than it has been for eleven years. Each year now adds one full tone to my compass, and I am in condition to sing at any time, except during an occasional cold."

SOME PRACTICAL REMARKS ON INSUFFICIENCY OF THE INTERNAL RECTI MUSCLES.

BY H. I. JESSUP, M.D., PHILADELPHIA, PA.

(Read before the Philadelphia Medical Club.)

GENTLEMEN: I would like to call your attention to the subject of insufficiency of the internal recti muscles, or latent divergent squint. This is an affection which is far too often overlooked in the examination of the eyes for adjustment of glasses. It manifests itself by

inability to maintain convergence, for ordinary reading distance, with any degree of comfort.

Patients suffering from this trouble will tell you that after reading, writing, or sewing, for a certain time, the letters become indistinct, their eyes burn and smart, and there is developed a frontal headache. After resting the eyes for a few minutes the work can be resumed, but, sooner or later, the same annoyance will return. Finally, these symptoms become so severe that the patient has to give up almost all near work.

All these symptoms are much worse when the patient uses the eyes by artificial light than at any other time. This fact is so characteristic of insufficiencies of the internal recti, that I have never known *one* to be present without the *other*.

A rough test for the detection of this trouble is as follows: Cover the patient's left eye with a card, and direct him to look with his right eye at the point of a pencil held at a distance of about 8". When the right eye is fixed upon the pencil, quickly shift the card from the left to the right eye, watching the left eye as soon as it is uncovered. If there is any *manifest* insufficiency present the left eye will be seen to move inward in order to fix the point of the pencil. If there is no perceptible movement, we should not conclude that there is no insufficiency till we have tried another test, as there is quite often a *latent* insufficiency that the above will not reveal.

For the following test it is necessary to have a *candle*, a *card*, on which is drawn a very thin line, 3" long, with a dot in the centre of it, a set of prisms ranging from 2° up to 20°, and a piece of red glass.

Light and place the candle at 15' from the patient, then put a prism of 10°, with its base down, in front of the right eye; by this means we deflect the rays of light from the candle in such a way as to make the image of the candle fall upon a part of the retina below the macula lutea. As the *lower* half of the retina perceives objects which lie in the *upper* half of the visual field, the false image is projected upwards, and will be seen above that of the left eye.

If the internal and external recti are in an exact state of equilibrium, the image of the right eye will be vertically above that of the left; but, if the internal recti are weaker than they should be, the right eye will roll out, and it will be found that the image of the right eye is not vertically above that of the left, but above and to the *left* of it.

.Now, by placing a prism of 2°, with its base in, over the left eye

(still holding the original prism in front of the right eye), it will be found that the two images lie more nearly in a vertical line. By thus trying different degrees of prisms, it will be easily found what strength of prism is necessary to make the image of the right eye lie vertically over that of the left. The degree of the prism thus found will be an exact measure of the insufficiency at the distance of 15'.

I have found that, by placing a red glass back of the prism held over the right eye (in the above test), it is possible to detect a degree of insufficiency which would not otherwise have been manifested.

It is claimed that, when we have produced vertical diplopia, there will be no effort made by the internal recti to fuse images which show any lateral separation. This statement I must dispute, for, after finding an insufficiency of the internal recti (at a distance of 15') of 5° by the prism test, *without* the red glass, I have found an insufficiency (at the same distance) of 7° by the prism test *with* the red glass. This I have noticed in a number of cases, and think it conclusively proves that there *is* an effort made on the part of the interni to fuse objects which show a vertical and lateral displacement. By the above test we may find no insufficiency of the internal recti, and even an insufficiency of the external recti, but this does not contraindicate an insufficiency of the interni at the distance of 12"—ordinary distance for near work. This being the case, it is necessary to test at this distance; for this test, the card on which the dot and line are drawn can most conveniently be used. Instructing the patient to hold the card in such a position that the line will be perfectly vertical, we place a prism of 15° base down in front of the right eye; if there is any insufficiency of internal recti, it will manifest itself by a dot and line, above and to the left of which is another dot and line. If there is no insufficiency there will appear to be only one line with two dots on it.

The degree of the insufficiency can readily be found by placing a prism of 2° (base in) before the left eye. If the upper and left-hand line is brought more nearly over the lower one, but still not perpendicularly over it, we know that the prism is not strong enough, so try one of 3° , 4° , 5° , or even 10° , in the same way, judging of the strength of prism to use by the amount of lateral separation that the lines display. If, with a given prism, we find that the upper dot and line have passed over to the right of the lower one, we know that the prism is too strong, so we try a weaker one till we find one which gives us one line with two dots on it. I have found several cases in which I felt sure that insufficiency existed, but could find

none by the dot and line test. In such cases, place the red glass against the back of a prism of 15° , and hold this (base down) in front of the right eye. Then, holding a prism of 20° (base in) in front of the left eye, direct the patient to look at the dot and line held at the distance of 12". This will encourage the internal recti to relax, and I have found that, on removing the prism from the left eye, this method had brought to light an insufficiency of the interni of from 6° to 10° —while before using it no insufficiency was discoverable.

There is another point to which I would like to call your attention, and that is, we will sometimes find at the distance of 15' an insufficiency of the external recti muscles, while at 12" there will be an insufficiency of the interni. Whenever this occurs, we must suspect and test for the presence of a condition called hyperphoria.

Hyperphoria is characterized by a tendency of the visual line of one eye to mount above that of the other eye, and is, practically, an insufficiency of a superior or inferior rectus muscle. To discover the presence of hyperphoria, place a lighted candle at 15' from the patient; holding a prism of 12° (base in) in front of the right eye, we produce homonymous diplopia, the image of the right eye being on the right, while that of the left eye is on the left. Now, if there is any tendency of one visual line above the other there will be, not only a separation of the images, but one will stand higher than the other. If we find such to be the case, then the superior or inferior rectus which is at fault must be attended to before any attempt to treat the internal recti is made, as generally (if not always) all insufficiencies disappear as soon as the hyperphoria is corrected. Having proceeded so far in our examination, it is well to next test the strength of the internal and external recti. With the candle again at 15', we place a prism of 10° (base out) in front of the right eye; this, at first, produces crossed diplopia—the image of the right eye being on the left while that of the left eye is on the right—but the internal rectus of the right eye contracts (producing a convergent squint), and thus the two flames are fused into one. This is repeated, each time using a stronger prism, till one is reached which the internal rectus can just overcome, and no more. The degree of this prism gives an accurate idea of the strength of the right internal rectus. The left eye must be tested in the same manner to determine the strength of its internal rectus. To test the power of the externi, place a prism of 4° (base in) over the right eye; this will produce homonymous diplopia; in order to fuse the images, the external rectus of the right eye will contract, producing a divergent squint. If

fusion is produced, then try a stronger prism, as above, till the limit is reached beyond which it is impossible to pass. The degree of this prism indicates the strength of the right external rectus. As in the case of the internal recti, the left eye must be tested in the same way.

It will, perhaps, be useful if we remember, in testing the strength of the recti muscles, that the muscle which, by contracting forcibly, produces fusion of the double images, always lies diametrically opposite to the base of the prism. Thus, when the base of the prism is in, the external rectus, by contracting, fuses the double images; when the base of the prism is up, the inferior rectus produces fusion, etc. It has been found by experiment on normal eyes that, on the average, the internal recti can overcome 40° – 50° of prism, while the external recti can only overcome from 6° – 8° . It is very important to know the strength of these muscles, as the question of an operation often depends entirely upon this point.

Myopia is the most frequent cause of insufficiency of the internal recti. A myope, in order to see clearly, holds his reading, etc., so close to his eyes that he must converge very strongly. In a short time the muscles become so weak from this over-taxing, that an insufficiency is developed. The presence of insufficiency in those who have hypermetropia and astigmatism is not so easily explained. It is a well-known fact that by placing a red glass in front of the right eye, in a case of moderate insufficiency of the interni, we can produce crossed diplopia, the covered eye rolling outward. When an opacity of the cornea is quite dense, and lies directly opposite the pupil, a divergent squint is very apt to be developed. These facts lead to the conclusion that the internal recti, when they do not receive proper stimulus on account of the acuity of vision being lessened, sooner or later become weak. If this conclusion is correct, it will, to some extent, explain the presence of insufficiency in hypermetropia and astigmatism.

Any severe constitutional disease such as measles, scarlet fever, typhoid fever, diphtheria, and locomotor ataxia may produce a temporary insufficiency. In diphtheria and locomotor ataxia we are more apt to have a paralysis of these muscles than a mere insufficiency. In locomotor ataxia an insufficiency or paralysis of some of the external muscles of the eye has often been the first symptom of the disease of the spinal cord.

Treatment.—When myopia is present, we can lessen the strain upon the recti by giving such glasses as will enable the patient to

read and write at 12". In hyperopic and astigmatic cases, the error of refraction should be corrected by suitable glasses. In all cases, excepting those dependent upon tabes, I think we can derive considerable benefit from salt baths followed by vigorous friction with a coarse towel; these baths should be taken every other day. Much good can be gained by the systematic use of prisms with the base out; this serves as a gymnastic exercise for the internal recti. The remedies which have given me the best results are, *natrum mur.*, *nuxvom.*, *gelsemium*, and *argentum nitricum*.

Electricity, also, has produced good results. Either the galvanic or the faradic current can be used—if one form fails, try the other. The positive pole should be applied to the mastoid region or nape of the neck, while the negative pole is applied to the skin over the side of the nose, near the internal canthus. (It is claimed that the benefit from electricity, in such cases, is derived through the stimulation of the 5th nerve, this, by reflex action, improving the function of the 3d.) The number of cells used ranges from two to ten. When all milder methods of treatment have failed, we must have resort to tenotomy of the external rectus. Great care should be taken in this operation, lest a convergent squint with very annoying diplopia be produced. If the external recti can only overcome 8° of prism an operation should not be performed. If 14°–16° can be overcome, a tenotomy of one external rectus should be performed. Careful tests should be made after the strabotomy with a prism, base down, to see if too much convergence has been produced. The candle in this test should be held 10' away, and about 15° to the side of the sound eye. At this point, the images produced by the prism, held base down, should be exactly vertical. If the effect is not great enough, there will be crossed diplopia, while if too much effect has been gained there will be homonymous diplopia. The scope of this paper will not permit me to enter more fully into the subject of this operation. I would like, in closing, to very strongly condemn the practice of employing prisms with their bases in for the treatment of insufficiency of the internal recti. This should only be done in the very slightest degrees of insufficiency, as by placing prisms with their bases in, we make it unnecessary for the internal recti to work, and the result is an increase of the insufficiency.

THE CLINICAL CHART IN PRACTICE.

BY G. MAXWELL CHRISTINE, M.D., PHILADELPHIA.

A SOMEWHAT general inquiry among physicians in private practice has developed the existence of the fact of a lamentable indisposition to use the thermometric sheet at the bedside of the private patient. The very considerable advantages of a careful recording of the temperature and other important manifestations of disease, would seem sufficient to bring about a different condition of things than that stated. To the physician in hospital practice, the temperature, pulse and respiratory records are regarded as indispensable, not alone to a careful recording of the course and nature of the disease, but as well to the intelligent treatment of the same. Why should they not be appreciated to nearly an equal degree in private practice? There is, admittedly, a difference between private and hospital practice in the necessity for so faithful a recording of all the symptoms in the former as in the latter. Yet in actual experience, the divergence is made too great, and the rich field of observation at the bedside of the home is permitted to go to waste. Observation will quickly unfold the fact that our medical journals are too sparse in papers that have attached to them any very trustworthy importance; and this is by reason of failure to record day by day the phenomena of disease, and the almost universal reliance on general statement and unsupported conclusions. This is inapplicable to reports of cases occurring in hospitals. In these institutions, each bed has its clinical chart, on which, daily or more frequently, are recorded the course and treatment of the disease. A word picture is thus drawn, whose service to the attending or consulting physician is incalculable. Thus it is, mainly, that conclusions drawn from hospital practice are more valuable and reliable than those drawn from the almost uniformly unsystematic and imperfect study of private cases.

Out of a large number of physicians to whom the writer put inquiries, only two or three were found who at the bedside of a private patient made anything like unto a systematic recording of the temperature, pulse, respiration, defecation, urination and treatment of disease. Obviously this rarity is coincident with an inability to definitely define the course of the disease to consultant, in periodical, or in clinical society. Memory with the best is untrustworthy, and it proves surprisingly fickle as we pass from patient to patient, from scene to scene, with the attending tendencies to distract the attention and interfere with the exercise of recollection.

Some few weeks ago, the writer applied to a leading homœopathic pharmacist of this city for a supply of clinical charts, and was much surprised to find that not only did the pharmacist have none on hand, but that he possessed no information regarding them; this being the more strange in that he, in common with pharmacists of our school generally, kept in stock a supply of things needful for the physician, such as books, thermometers, etc. With commendable promptness, however, he procured the requested charts, sold the writer some and placed the others in a conspicuous position for sale. Nearly, if not quite, two months have gone by, and the writer has been the only customer for the chart. This small and solitary demand has evidently but this one meaning; that a very large number of our physicians "have no use" for the chart, "have no time to bother with it," "don't see any use for it in practice," "don't use the thermometer, anyhow," and therefore "cannot see the necessity for the use of the chart."

We make no comment upon this state of things other than to say, that the physician has merely to give the clinical chart, in some one of its many and useful forms, a trial, and its advantages will loom up so forcibly before his view that he will wonder at his former blindness.

This article is intended simply to fulfil the purpose of the pointed finger at the cross-roads, to direct the right way. Much, very much, more can be written on the subject. But if what is here given will induce one physician to put some system into his treatment by the use of a clinical chart, it will have subserved some of the purpose for which it was intended.

2043 N. 12th st., Philadelphia, Pa.

PHTHISIS PULMONALIS; ITS TREATMENT WITH HYDROFLUORIC ACID.

BY CLARENCE G. ABBOTT, M.D., WOODBURY, N. J.

(Read before the Homœopathic Medical Society of the State of New Jersey.)

MORE deaths result from consumption than from any other disease treated by the physician. It is, moreover, an affection from which we expect unfavorable results; and this notwithstanding the fact that under homœopathic treatment many cases of phthisis are cured, that under allopathic treatment would soon have found a resting place beneath the sod. The advent of any new remedy that will increase our control over this dread disease cannot but be hailed with delight.

Not long since when reading an account of the use of hydrofluoric acid in the etching of glass in the factories of Paris, I was impressed by what seemed to be the beneficial effects it exerted on the lungs of those exposed to it. I, therefore, determined to give it a trial in the treatment of phthisis, knowing that it could do no harm. It is the object of this paper to report a case in which hydrofluoric acid was used in conjunction with the administration of homoeopathic remedies.

A man, æt. about 44 years, cut himself severely in the wrist with a piece of glass, the wound severing the radial artery. This was about April 10th, last. In the course of two months' time the wound had healed. The man then began to lose his flesh and appetite. In the early part of June he contracted a heavy cold, which continued to grow worse instead of better. He first consulted me in the latter part of July. I found the early physical signs of phthisis present. The patient was very weak; his appetite was poor; his cough was incessant, day and night, even driving away sleep. Night sweats were present. I at first gave him what according to my mind were the proper remedies, with only temporary effect. In the latter part of August I began inhalations of hydrofluoric acid of five minutes duration, repeated from four to six times daily (continuing, however, my internal medication). He now reports himself as better in every respect. He has no night sweats. He sleeps and eats well. He has gained twelve pounds in weight. The patient gives a family history of phthisis.

I refer to this case here in the hope that some, if not all, present will give the drug a trial. The patient is not well, and possibly may never recover. To my mind hydrofluoric acid is an agent that may give great help in the curing of our cases of phthisis.

NITRIC ACID IN SCARLATINA.—At a recent meeting of the Allegheny County Society, Dr. Z. T. Miller, of Pittsburgh, reported a case of scarlatina with the following symptoms: Rash rough; delirium; restlessness; red tongue; temperature 104°; intermittent action of the heart. Nitric acid 500 was given and had a prompt and decided action. A specific history in the child's father helped in the selection of the nitric acid.

SODA SOLUTIONS FOR BOILING INSTRUMENTS.—To avoid the corroding of instruments, when boiled before or after operations, Dr. Charles M. Thomas recommends the addition of ordinary washing soda or baking powder to the water. The instruments come out really brighter than before immersion. This answers equally well in the water for immersing instruments during an operation, and does not interfere with the addition of antiseptics.

PROCEEDINGS OF SOCIETIES.

BRITISH HOMŒOPATHIC SOCIETY.

AT a meeting of the British Homœopathic Society held on December 10, 1888, Dr. Edward Blake read a paper on "Headaches; their Causes and Cure." He stated that deep-seated pain was rare, and it was doubtful if the brain could have the sense of pain. As a rule, headaches have their seat outside the skull. Many patients complain of pain over the entire skull, but, on close questioning, can be made to localize the pain to the points of distribution of certain nerves. Most headaches are neuralgias of the fifth pair of cranial nerves, in the course of the inferior nerve; are cured by chamomilla ϕ , or the lower dilutions of arsenicum. Platina 6 cured one case. Pain in the course of the infra-trochlear nerve suggests glaucoma. Pains attacking the eyeball call for spigelia and tabacum. Headaches of childhood are often due to errors of refraction or to some dental difficulty. Pain in the supra-trochlear nerve is benefited by nux vomica 1 and a compress at the root of the nose. Supra-orbital pain or "brow-ague" of the right eye yields to chelidonium majus ϕ . When it occurs on the left side it does not yield so readily to this remedy. Supra-orbital pain on the left side is often associated with menstrual irregularities. Then give pulsatilla or kali bichromicum. In left clavus hystericus ignatia 1x cures. The branches of the fifth nerve over the malar bone are affected in specific headaches. Here iodide or bromide of potassium cures. Headaches caused by jars are cured by arnica 12. Neuralgia affecting the ophthalmic division of the fifth, which supplies the vertex, is best treated by actea racemosa or lachesis. Pain in the region supplied by the great occipital nerves is occasioned by increased cardiac action and abuse of tea, coffee, or tobacco. Sanguinaria relieves if with pale stool. Gelsemium is suited to sub-occipital neuralgias. Dull pain in the occiput, with a sensation of water swashing about, is relieved by hellebore. The cure of headaches depends largely upon their causation. It is very important to keep up the patient's strength. As a local anæsthetic chloral and camphor rubbed together in a mortar in equal parts, and applied to the head after hot sponging, will be found useful. Electricity may be used with good effect. The constant current often relieves.

CORRESPONDENCE.

HAY-FEVER.

TO THE EDITORS OF THE HAHNEMANNIAN MONTHLY:

In view of the fact that in a recent discussion on the subject of hay-fever, as published in your journal, no satisfactory conclusion was reached, I will, with your permission, offer some suggestions that I hope may be of value to those interested.

The pathogenesis of *kali hydriodicum* furnishes us with a better picture of the totality of the symptoms of hay-fever than any other remedy in the materia medica as far as I am able to discover. Let those interested consult the symptoms of the eyes, nose, mouth and throat as chronicled in Allen's Encyclopædia, and they will find the key-note of Dr. Griffith's case, "A sensation as if a cobweb or veil were drawn over the face, with a desire to rub or brush it away." They will also find it in the proving of the *nitrate of sanguinaria*, with several reported cases in which the symptom has been verified.

The latter drug covers many of the leading symptoms of hay-fever. A partial proving of it will be found in the *Transactions* of the American Institute of Homœopathy for 1877, while a more complete report was published in the *Transactions* of the Ohio State Homœopathic Medical Society for 1886.

My own experience of this malady consists in the treatment of twenty-seven cases in forty years. Of eight of these cases I have no means of learning anything at the present time. One case has been well for seventeen years; others have been cured and have remained well for periods not less than four years. Several cases did not return for treatment. Most of the cases were treated for three years; one was treated for four years, then it, too, was finally cured. One patient, a physician, whom I see every day, insisted upon taking the thirtieth potency. He has been free from the affection for eight years. The drugs above mentioned have been used in the lower dilutions, excepting the nitrate of sanguinaria, which has been employed in potencies ranging from the 4th to the 45th, and with good results, the lower dilutions, however, acting more promptly.

Truly yours, W. M. OWENS, M.D.

CINCINNATI, November 27, 1888.

EDITORIAL.

THE MANAGEMENT OF SLOWLY PROGRESSING CEREBRAL HÆMORRHAGE.

THE serious functional disturbances and the fatal results following intracranial hæmorrhage make welcome any new suggestions concerning the treatment of the same. It is with pleasure, therefore, that we refer to the paper by Dr. Andrew H. Smith, of New York, in the *Medical Record* for December 8, 1888. In this paper, Dr. Smith lays down clearly the conditions calling for correction.

The earlier symptoms are often not severe, the patient still retaining consciousness. Pretty soon, the mental confusion passes into coma, the respiration becomes stertorous, and other more serious symptoms appear. The pathological condition present is one of compression, resulting from the outpouring of blood within the cranial cavity. The greater the quantity of blood effused, the more severe must be the symptoms. The indication for treatment, then, is to limit, as far as possible, the amount of blood effused.

One naturally would endeavor to apply to the treatment of cerebral hæmorrhage the same principles that serve us in the treatment of hæmorrhage occurring in other parts of the body. Our author reviews these. The agencies which control hæmorrhages of a traumatic character are four: "First. If the vessel be small, and if it be completely divided, the irritation of the injury produces a contraction of the circular fibres, which greatly diminishes, if it does not entirely obliterate, the lumen of the cut extremities of the vessel. Second. The same cause leads to a longitudinal retraction of the vessel within its sheath, and the unoccupied portion of the sheath then affords a receptacle in which the effused blood lingers and becomes coagulated, thus forming a tampon against the bleeding orifices. Third. If there be a free escape of blood to the surface, it accumulates in the tissues surrounding the vessel, and exercising pressure on the divided extremities acts mechanically to close them. Fourth. If, in spite of these provisions for arresting the flow of blood, the hæmorrhage still continues, the heart's action ultimately becomes enfeebled, thus diminishing the *vis a tergo* in the wounded vessel, and giving a better opportunity for the agencies already described to effect their object."

A careful survey of the conditions surrounding the occurrence of cerebral hæmorrhage, soon teaches one that none of the above pro-

visions for the cessation of hæmorrhage are available. The rupture occurring, not in the continuity of a vessel but at the seat of a miliary aneurism, and the vessel not being entirely divided, retraction does not take place. The consistence of the cerebral substance is so soft that it offers little or no resistance to the escape of blood. The diminution of blood pressure by syncope from the hæmorrhage never takes place in these cases, because the quantity of blood effused is never sufficiently great for this purpose.

In the past, methods have been resorted to for the purpose of lessening the tension of the vascular system ; among these, bleeding was for a long time popular,* but has now been acknowledged by homœopaths and allopaths alike as worse than useless.

Ergot has, of late years, become a very popular remedy among old-school physicians for the controlling of capillary hæmorrhages in every portion of the body. The physiological action of the drug is such that its administration must serve to intensify the condition it is intended to remedy. In the first place, it constricts the arterioles all over the body. One would naturally conclude, that in doing this it would, by lessening the size of the bleeding vessel, limit the hæmorrhage ; but as the drug contracts the arteries in every portion of the body, it must, necessarily, lessen the capacity of the vascular system ; we therefore have, as a result, increased vascular pressure, which must operate injuriously on the hæmorrhage.

Now let us listen to the suggestions offered by Dr. Smith. Purging and bleeding, and raising the head for the purpose of diminishing the amount of blood within the cranium, he regards as harmful ; the more they accomplish their objects, the more injurious does he regard them. As we must rely upon pressure to stop the bleeding, "it is vastly better that this pressure be exerted by blood within the vessels than by blood extravasated into or upon the brain. The more blood in the intracranial vessels, the less room will there be for blood outside them. I contend, therefore, that the correct treatment would be to place the head lower than the body, and, perhaps even to add to the cerebral congestion by the use of nitrite of amyl, which would at the same time diminish the *vis a tergo* in the injured vessels by its effect in lowering vascular tension."

The measures thus advocated by Dr. Smith must necessarily aggravate the symptoms for the time being, but, as the author claims, in the course of a half-hour the blood would have become firmly coagulated and the hæmorrhage have ceased. The patient then emerges from his coma, "just at the time when, under the opposite treatment, the coma would be every moment more profound. Instead of a large

clot implying a corresponding degree of laceration of the brain, or compressing a corresponding area of brain surface, we should have a relatively small clot with correspondingly little injury to the brain."

We commend Dr. Smith's treatment of slowly progressing cerebral hæmorrhage to our readers for their thoughtful consideration. His recommendations are out of the beaten track, although they are in the direct line of the underlying principles of our school. Just as the use of hot water for the control of hæmorrhage and inflammations has largely superseded the use of cold water in the treatment of these conditions, so will Dr. Smith's paper revolutionize the old-school treatment of cerebral hæmorrhage. The mere fact that he offers a physiological explanation for the course he pursues, does not alter the fact that homœopaths have, for nearly a century, used for this purpose drugs causing the cerebral congestion, he believes so desirable; the use of *nitrite of amyl* instead of *opium* does not render his treatment any the less homœopathic.

NEW PUBLICATIONS.

A TEXT-BOOK OF GYNÆCOLOGY. Designed for the Student and General Practitioner. By A. C. Cowperthwait, M.D., Ph.D., LL.D. Chicago: Gross & Delbridge. 1888.

This book, consisting of sixty-four chapters and an Appendix, and occupying 525 pages, is presented by its author as "a text-book for students that would be systematic in its arrangement, concise in its details, and cover the entire list of diseases comprehended by the term 'gynæcology,' together with their homœopathic therapeutics."

Commencing with the anatomy, it takes up in succession the general etiology and methods of diagnosis, and then considers in detail, in different chapters, the different diseases, both physical and medical. The work is profusely illustrated, and especially so in the chapter on "Instrumental Examinations."

In the appendix is an illustration and explanation of an instrument designed by Professor Phil. Porter, M.D., for dry heat in the treatment of uterine disease, of Dr. Wathen's serrated scissors and compound tenaculum, and a new abdominal electrode devised by Dr. Ely Van de Warker.

The advent of a new work on gynæcology, by a new author in that special line of work, causes one to examine it closely to find what new thing its author has to present, or in what new way, that may be plainer and more excellent, the old things are presented to us, for in these days when our libraries are overweighted by systematic text-books, and systems, and cyclopædiæ of gynæcology, there would seem but little call for any more books which simply give us a representation of things already so thoroughly and exhaustively treated of.

We find, in our author's preface, his explanation for presenting this work to the profession in the quotation already made above from his preface, and we must therefore examine this book upon that basis, considering its systematic arrangement, its conciseness, and its homœopathic therapeutics. Coming from one of our school, makes us feel a very friendly desire to welcome it, and we have run through it with a partial eye, hoping that it might be such a work as would enable our colleges to do away with the necessity of recommending text-books by old-school authorities. We admire and commend the systematic manner in which each subject is presented, but cannot help feeling that in the attempt at conciseness the author has erred in

places, writing rather as to those somewhat versed in the subject he teaches, and possessed of the numerous text-books to which he refers, than as a teacher preparing a text-book for students. We have no desire to be hypercritical, but would ask what student could understand from this book alone how to perform episeorrhaphy, for example, from the nine lines devoted to this subject. Or, to take up another chapter, that devoted to "Displacements of the Uterus." We have read this chapter very carefully, and cannot find one line of instruction to the student, nor one plate illustrating the application of a pessary, notwithstanding the author recommends their use, and we cannot but feel that our author disposes of the question of mechanism and pathology rather too hastily for a student, when he says, because of the great difference of opinion among gynecologists, "it is hardly worth while to encumber a practical work of this kind with the numerous theories on the subject."

In the chapter on the "Operations on the Perineum and Vaginal Walls," we notice many things omitted, and other things which are puzzling. On page 110 we read: "If the perineal operation is to be performed at the same time, and the sutures are interrupted, it is best to use catgut, otherwise silver wire will answer the best purpose." Surely, this is a reversal of what the author intended to say.

We find no mention of the advantage of using Clover's crutch, or Kelly's Beinhalter, and have run over this chapter in vain seeking for a description of Emmet's recent inside operation, or for a description of Hegar's, Sims's, or Le Fort's operations; and on page 118 we find a plate of Emmet's older operation of elytrorrhaphy, but none of his more recent methods.

We confess, after a study of this book, to a feeling of disappointment, not only at the above kind of conciseness, but also that our author, writing from the standpoint of a homœopathist, has not imbued his book with more individuality, and has not quoted more freely from his own experience and less from that of standard authors of the old school.

We do not make this criticism in any carping spirit, and recognize fully the accuracy of the authorities quoted from, and their authority; still we cannot help feeling that if we wish to create homœopathic literature we must, in our books, found our prognosis, not from those cases related by old-school authorities, but collect statistics from our own school. Our author missed a chance for one thing in collecting statistics from our surgeons in abdominal work. Surely, with Ludlam, Helmnuth and Thomas, and others, operating, he could have made a good showing.

In this same line of thought, we find fault with the author for pinning his faith too much upon what one writer may say on some subject; as, for example, on page 243, when treating on inversion of the uterus, after describing the method of re-inverting, and telling how sometimes it is impossible to accomplish, he says, when speaking of the prognosis of amputation, that Emmet "considers the operation so hazardous that he would not resort to it under any circumstances;" therefore, says our author, "this being the case, it is hardly worth while to occupy the space necessary to detail the different methods of operation." This seem to us, like disposing of the matter in a way hardly in keeping with a text-book, since other authorities describe and countenance the operation.

We fear, then, that this book will hardly succeed in displacing others as the standard text-book in our colleges, but we recommend it to all who practice homœopathy for its teachings in that line.

The publishers have done their work in a very commendable and elegant style. Here and there, a few typographical errors have crept in, as "Recauner's" curette, instead of "Recamier," on page 50, and Skene's name wrongly spelled, on page 108.

TREATISE ON THE DISEASES OF WOMEN. By A. J. C. Skene, M.D. New York: D. Appleton & Co. 1888.

This work of 950 pages is an eminently practical one, and even in these days of numerous text-books and systems on the same subject, cannot but be acceptable, since from beginning to end one is impressed with the individuality of its author, and with the fact that one is reading the carefully digested thoughts of a man largely experienced in the subject about which he writes.

We cannot enter into a discussion or criticism of the whole book, covering as it does the entire subject of gynecology, but would simply notice that, beginning with the "Methods of Observation," each subject is duly noticed in its proper order, following out the division of the subject into three classes; the first class comprising the diseases peculiar to youth and puberty; the second, those between puberty and the menopause; and the third, those which come after the menopause.

Throughout, the work is profusely illustrated, and mostly with original drawings made for it, which, in many instances, greatly enhance the clearness of the text, and explain the author's ideas and methods of operating. Operations for lacerations of the perineum, cervix, prolapse of the urethra, and growths at the mouth of Skene's gland, have been illustrated by nine colored plates.

As might be expected, particular attention has been given to diseases of the urinary organs, some two hundred pages being devoted to this subject. These, and the chapters on "The Menopause," and "Gynæcology as related to Insanity in Women," are valuable additions to the ordinary text-book.

We notice that more attention is given to drug treatment than in most recent works of this kind, and while we note with regret the absence of many drugs with which we, as homœopaths, are so familiar and so confident in their utility, still, we are glad to see that one so practical as this author has seen the wisdom of studying drugs and their effects upon women, and has not turned his attention alone to surgery.

MEDICAL DIAGNOSIS. A MANUAL OF CLINICAL METHODS. By J. Graham Brown, M.D. Second Edition. Illustrated. New York: E. B. Treat. 1888.

This work is a concise and able description of the methods and means used in clinical examinations. The general plan of the book is that of a systematic, scientific investigation of a case, without making any attempt at differential diagnosis. It reminds one strongly of Guttman's Handbook on the same subject.

The work is modelled after the method of the Medical Department of the University of Edinburgh, which is, to consider the meaning and diagnostic significance of the symptoms and physical signs, which are met with in disease, from the standpoint of the different physiological systems of the body. Opening with a chapter on the general aspect, condition and circumstances of a patient, the balance of the work is grouped around the alimentary, absorbent and hæmopoietic, circulating, respiratory, integumentary, urinary, reproductive, nervous, and locomotory systems.

The science of diagnosis teaches that it is only by a methodical inquiry into the general and special physical signs that a satisfactory view of the condition of the patient can be obtained. While the above arrangement for examining a case may not be the most satisfactory, if carried out it will be found eminently practical in habituating one to the systematic handling of patients. The examination of a case should never be limited to the particular organ, or part, of which complaint is made, as the sensations may be purely accidental. The examiner, in ascertaining the condition of all the organs, will frequently discover the existence of disorders of which the patient is not cognizant, or complications the knowledge of which is essential to a correct diagnosis.

The book will be of value to the student, and a handy reference to the busy practitioner.

PHTHISIOLOGY: HISTORICAL AND GEOGRAPHICAL. By George A. Evans, M.D. 8vo, pp. 295. New York: D. Appleton & Co. 1888.

This book contains an excellent historical review of the development of the theory and pathology of pulmonary consumption, from the time of Hippocrates up to the present day. It is a record of the opinions of prominent writers on phthisis.

The second division treats of the geographical distribution of consumption. The data are from Hirsch's "Handbook of Historical and Geographical Pathology." The total yearly mortality of the world is estimated to be 35,000,000; of this number 5,000,000 deaths are due to consumption, this being greater than any other single cause of death.

A chapter is devoted to the Distribution of Consumption in the United States, compiled from the tenth U. S. Census Reports.

The sections on "Topography and Climate of States," and "Consumption in the United States Army," and "Meteorological Reports," represent much labor and will be found valuable in selecting a proper home for the phthisical.

The part of the work on Etiology emphasizes the fact that, while pulmonary consumption has always existed, and, like "typhoid fever, dogs the steps of man wherever he may be found, and claims its victims among every age, class, and race," it is practically governed by, and strides along hand in hand with, advancing civilization.

The tendency of the age is centralization of population—the congregation of millions in small areas. Density of population, the more sedentary the occupation, and the other conditions of local insanitation, mean contamination of the respired air. These factors of social and industrial life of large centres of population, wherever found, will neutralize to a great measure the advantages of dryness of climate and uniformity of temperature, whether it be on plain or among hills.

The opinion of Koch, that hereditary tuberculosis is explained most naturally by supposing that the infecting germ itself is not inherited, but rather certain peculiarities favorable to the development of germs which may, later on, come into contact with the body,—in fact, that it is the predisposition to tuberculosis which is inherited,—is gradually being accepted by all thinkers.

The conclusions drawn from the evidence submitted in the volume are, in the words of Hirsch: "Phthisis is everywhere prevalent, but it is rare in polar regions, and rarer still at great altitudes. The main factor in its production is over-crowding and bad hygiene. Heat and cold, *per se*, have no influence. Damp, when conjoined with frequent oscillations of temperature, predisposes to the disease; but humidity of the air is less important than dampness of soil. Occupation is extremely important; but mainly indirectly, as tending to good or bad hygienic conditions."

The work is confessedly a compilation. The author deserves credit for his labor, and for the interesting and readable manner of arranging the subject.

CLINICAL LECTURES ON CERTAIN DISEASES OF THE NERVOUS SYSTEM. By Prof. J. M. Charcot. Translated by E. P. Hurd, M.D. Detroit: Geo. S. Davis. 1888.

A TREATISE ON HYSTERIA AND EPILEPSY. By J. Leonard Corning, M.D. Detroit: Geo. S. Davis. 1888.

In the above volumes we have two little works published in the current series of the Physicians' Leisure Hour Library. Of the first there remains but little to say, as the mention of the name of the author thereof is a sufficient guarantee of its great value.

With regard to the second—that on hysteria and epilepsy—we find it to be an amplification of the papers on hysteria and epilepsy published in the medical journals one year or so ago. While not a complete treatise on the diseases named in its title, it is a book that will be read with interest and profit.

PTOMAINES AND LEUCOMAINES; or, The Putrefactive and Physiological Alkaloids. By Victor C. Vaughan, Ph.D., M.D., and Frederick G. Novy, M.S. Philadelphia: Lea Brothers & Co. 1888.

In this little work the authors lay no claim to originality, but have written a systematic résumé of all the literature on the subject up to date. They are the first, however, to collate the scattered literature concerning these putrefactive and physiological alkaloids, and as such the book will be of interest to every physician. Too little is known, by the profession generally, of this important subject, and it would be well if writers, instead of flooding medical literature with works of doubtful importance and originality, would bring together the results of researches of undoubted value, in such a form as to be readily grasped by the busy practitioner.

FAULKNER'S HOMŒOPATHIC PHYSICIAN'S VISITING LIST AND POCKET REPERTORY. Boericke & Tafel.

This admirable mentor and record embodies in itself everything needful for a homœopathic physician. It contains calendars for four years, the treatment of poisoning cases, Hall's method of combating asphyxia, and a very complete repertory. In addition, it has space for recording everything a physician needs to recollect in reference to his practice, and is perpetual.

PHYSICIAN'S VISITING LIST FOR 1889. P. Blakiston, Son & Co.

This Visiting List, besides the necessary blank leaves, which are very simply and conveniently arranged, contains much that is needed for easy reference, including the new remedies, with doses, which have been introduced to the profession.

WOOD'S MEDICAL AND SURGICAL MONOGRAPHS. Volume I, No. 1. January, 1889.

This is the first of a new literary venture by Messrs. Wood & Co., of New York. As we understand the enterprise, it is the intention of the publishers to present monthly, short and practical monographs on prominent medical topics. Literature of this character is not uncommon in the old world; but it has hitherto been inaccessible to those residing in this country, who are unable to read foreign languages. The success of this venture must necessarily depend upon the judgment with which the monographs for the series are selected.

The selections for the first number are commendable. They are: "The Pedigree of Disease," by Jonathan Hutchinson, F.R.S.; "Common Diseases of the Skin," by Robert M. Simon, M.D., and "The Varieties and Treatment of Bronchitis," by Dr. Ferrand. The first of these works is no stranger to American physicians, having been published in the United States about three years ago. At that time the HAHNEMANNIAN took pleasure in according the book great praise. We regret that the work has not received the professional attention that its merits warranted. Homeopaths in particular will find in it much that will meet with their approbation.

The typography and paper of *Wood's Monographs* are most excellent.

PHYSICIANS' INTERPRETER IN FOUR LANGUAGES. Specially arranged for Diagnosis by M. von V. Philadelphia: F. A. Davis. 1888.

This is a little work, arranged in the shape of a pocket note-book, and bound in limp leather covers. We find in it 373 phrases and sentences of use in conversation between physician and patient, with their equivalent expressions in German, French, and Spanish languages. From a cursory review of the work we would commend it for study in conjunction with the Meisterschaft System for studying languages.

HEADACHE AND ITS MATERIA MEDICA. By B. F. Underwood, M.D. New York: A. L. Chatterton & Co. 1889.

The author of this little work says, in his preface, that it has been his endeavor in the preparation of the book to collate the "accumulated experience of the Homœopathic School of Medicine in such a shape as to place it at the command of the practitioner in the treatment of one of the most prevalent and painful maladies against which he has to contend." A careful perusal of the book shows us that the author has presented the "Materia Medica of Headache" in a very creditable manner. The material of which the book is made up is, of course, a compilation; but it is placed before the profession in a very pleasant style. A repertory of sixty pages closes the volume.

One pleasing feature of the author's work is the frequent quotation of cases from the writings of various prominent physicians, illustrating the action of certain remedies in the cure of headache.

A censurable defect of the book is the total absence of either an index or a table of contents. The absence of the former is atoned for in the presence of the complete repertory already spoken of; but no excuse is allowable for the neglect to provide the work with a table of contents. This neglect is felt all the more because the remedies, whose symptomatology is given, are not presented in their alphabetical order. We fail to find also any evidence of the book having been copyrighted.

TRANSACTIONS OF THE FORTY-FIRST ANNUAL SESSION OF THE AMERICAN INSTITUTE OF HOMŒOPATHY. Edited by the General Secretary, Pemberton Dudley, M.D. Philadelphia: Sherman & Co. 1888.

With the usual commendable promptness, the *Transactions of the American Institute of Homœopathy* come to hand. The prediction that the adoption of the system of holding sectional bureau meetings would greatly increase the bulk of the annual volume of Transactions is not verified by an examination of the present one, as we find it to contain one hundred less pages than the volume of 1886. This year, it will be remembered, was the last one in which all the bureaus of the Institute reported entirely in general session. A careful examination of the papers presented shows the great interest manifested by the Institute's members in the subject of materia medica.

The thanks of the profession are due the secretary for the able manner with which he has performed his editorial work.

GLEANINGS.

CONDUCTED BY

S. LILIENTHAL, M.D.,

E. M. GRAMM, M.D.,

W. W. VAN BAUN, M.D.,

E. W. MERCER, M.D.,

H. I. JESSUP, M.D.,

AND THE EDITORS.

QUININE AND THE BRAIN.—Dr. S. T. Yount, Lafayette, Ind. (*Med. Waif*), after experiments with quinine on a child, the only coverings of whose brain were the membranes, concludes: 1. Quinine first produces an acute congestion of the brain and meninges in children, which will pass completely off in a few hours. 2. Quinine repeated every two hours to an infant (in sufficient doses), will keep up the congestion, and will eventually terminate in an acute inflammation. 3. Quinine, secondarily, has a sedative action on the brain. This secondary sedative action does not begin before two or three hours; oftener or sooner, according to the dose given. 4. Quinine in minute doses ($\frac{1}{32}$ and $\frac{1}{64}$ grain) produced no perceptible fullness of the brain, which proves that tonic doses will be safely tolerated. 5. Quinine given with potassium bromide, in equal parts at the same time, loses one-half of its brain-stimulating quality. 6. Quinine given with ergotine, in equal parts at the same time, in solution, loses one-half its congestive properties. 7. Quinine given with potassium bromide and ergotine, in equal parts, loses fully seventy-five per cent. of the congestive property. Dr. Yount says that the membranes of the brain were normally of a reddish, shiny, grayish color, and were wrinkled. The first action of the quinine was to color the membranes. This was distinctly noticeable in fifteen minutes after its administration. In from fifteen to thirty minutes more, the brain seemed to swell up, and the membranes became more injected and more tense. The full congestive action had reached its climax by the end of the first hour and a quarter. Repeated doses every hour seemed to make the brain fuller and the membranes more tense and injected with each dose. When the dose was repeated every two hours the congestion was extremely marked. Repeated every three hours, intervals would occur when the brain substance returned to almost its normal color, but after several doses notable general congestion would result, lasting six hours. The child was given two grains; as a result, the brain became rapidly congested, the membranes highly injected. In one hour and twenty minutes the child had severe and repeated convulsions, which terminated its life. It must be confessed that it is difficult to justify these experiments.

QUININE INTOXICATION.—Tomaselli observed that in patients suffering from malaria, quinine and its preparations fail to produce any amelioration of the symptoms, but instead cause an exacerbation in which fever and hæmaturia are disagreeable complications. Acute or chronic malarial poisoning brings on a dyscrasia, especially when the use of quinine is continued for any length of time. About five or six hours after taking a dose of quinine, the patient, who felt well enough before, is taken with a chill, followed by a high fever with a temperature ranging from 41.5° C. to 42.5° C., vomiting, diarrhoea, hæmaturia, tenesmus vesicæ, and often jaundice. After 24 hours, the febrile attack passes off, but the loss of strength keeps on; when the use of the quinine is persisted in, collapse and death follow. Examination showed the following changes to have taken place: The red blood-corpuscles are destroyed; the coloring matter is removed from their parenchyma; and they are quantitatively diminished in proportion to the white blood-cells. The urine is usually bloody and murky, containing changed blood-cells and fibrinous cylinders. In some of the cases, hæmoglobinuria is more frequent than hæmaturia. Hence in many cases of intermittent fever quinine, even in small doses, can only do harm; its application must, therefore, be contraindicated.—*Allgem. Med. Centr. Zeitung*, 88, 1888.

MERCURIALISM SIMULATING VARIOLA.—A primipara, æt. 20 years, had a hard labor, following which the accoucheur irrigated the parts with very strong solution of bichloride of mercury, and advised the nurse to continue the irrigations from time to time. After three days the patient had fever and complained of abdominal pains; involution had not set in. Notwithstanding treatment a slight

stomatitis followed; otherwise there was improvement. On the tenth day after her confinement (irrigation with a weaker solution of bichloride having been continued), there suddenly appeared a papular eruption all over the body, confluent in some places, and characterized by a depression in the centre of each lesion as in the case of variola. Its color was of a dark bluish red. The spots were less numerous on the neck, and more so on the extremities, especially on the dorsal region of the feet, and the hands, and forearms. On the thighs it resembled somewhat a scarlatina eruption. There was no fever, hence an infectious exanthem could be excluded. The irrigations with the bichloride were discontinued, and boric acid injections substituted. Two days later all efflorescence disappeared.—*Journ. de Méd. de Paris*, 22, 1888.

CASE OF POISONING WITH FILIX MAS.—A woman, æt. 26 years, suffering from tænia solium, was ordered capsules containing two and a half grammes each of the extracts of filix mas and pomegranate. After the usual preparatory measures, the woman took one capsule every hour for three hours. Severe vomiting ensued but only a part of the tape-worm was passed; as the head was missing she again took four doses. She thus took in all seventeen grammes of each extract. During the afternoon and evening she had vomiting and diarrhœa, extreme prostration, fainting followed by stupor, which came on in the evening and lasted nearly thirty hours. When she finally awoke she was blind in the left eye, and the pupil of that eye was greatly dilated.* The strongest light failed to produce contraction; the pupil of the right eye reacted to light, but more sluggishly than the normal, and the sight of that eye was also somewhat diminished. Ophthalmoscopic examination gave negative results. She was kept in a dark room; after two days some vision returned, and after two weeks everything appears as if covered with a veil, which appearance persists up to the present time.—*Allgem. Med. Centr. Zeitung*, 88, 1888.

ANTIPYRINE ERUPTIONS.—Spitz has collected descriptions of fifty-two cases of antipyrine eruptions. The lesions were rubeola-like in forty-one cases, urticaria-like in four, and erythema-like or papular in the rest. The antipyrine was given in thirty cases of typhoid fever, in eight cases of phthisis, in two cases of articular rheumatism. In the other cases the concurrent disease was not reported. The seat of the eruption varied greatly in different cases, but was usually on the extensor surface of the limbs. The average duration of the eruption was four to eight days.—*The Satellite of the Annual of the Universal Medical Sciences*, November, 1888.

THE ROSEOLA PRODUCED BY ANTIPYRINE.—Large doses of antipyrine produce an erythematous eruption which is cinnabar-red in color, slightly elevated, and consists of rounded spots, disappearing under pressure. At the knees and elbows are found great red patches, chiefly on the extensor surface. The head, palmar and plantar surfaces are not affected.—*The Satellite of the Annual of the Universal Medical Sciences*, November, 1888.

OINTMENT TO KILL ITCH-MITE.—

R.—Naphthol	15
Lard	100
Green soap	50
Prepared chalk	10
M. ft. Ungt.	

This is an ointment recommended by Kaposi, which has proved very efficacious in destroying the *acarus scabiei*.—*Wocd's Medical and Surgical Monographs*, Vol. I., No. 1, January, 1889.

* Might we not blame the pomegranate for the transitory blindness, rather than the male fern? In Allen's *Encyclopædia*, vol. iv., page 461, we read under the former: "Pale blue dirty rings about the eyes; pupils dilated after one hour, sluggish, contracted after two hours; trembling before the eyes; dimness before the eyes; nausea for several hours with vomiting; vertigo and weakness; profuse diarrhœa, stools of a very dark color; great weariness and prostration, could scarcely keep upright." Neither Allen nor Hering give many of the symptoms for male fern, while in the *Cyclopædia of Drug Pathogenesis*, neither of the drugs is mentioned.—S. L.

POISONING BY THE OIL OF SASSAFRAS.—A German, æt. 18 years, took by mistake a teaspoonful of the oil of sassafras and went to work. In a few minutes strange feelings came on about the head; in half an hour hallucinations (declared he was in heaven) and occasional vomiting; half an hour later unconsciousness; vomiting continued when disturbed or on any exertion, followed by great prostration and relaxation. Two hours after taking the drug the extremities were cold. The radial pulse could be detected with difficulty. He continued this way until his attendant, Dr. L. M. Albright, arrived, four hours after taking the drug. He then had dilated pupils, barely perceptible pulse, respirations twelve to the minute, and extremities cold. He could be roused with difficulty, but was incapable of comprehending or answering questions or of recognizing any one. The matters he vomited contained an abundance of very tenacious mucus. The treatment pursued was quiet, heat to the extremities, and stimulation with wine.—*Cincinnati Lancet-Clinic*, December 8, 1888.

OPPOSITE ACTION OF DRUGS.—Dr. Reed, of Atlantic City (*Practitioner*), states that experience taught him to believe that, in the action of drugs, "there is always to be found a relatively small dose which will produce an effect opposite to that of the toxic dose." He succeeded in checking an uncontrollable diarrhoea of typhoid fever which had resisted all ordinary remedial agents. The patient, a thirteen-year-old girl, lay in a stupor with a dozen or more involuntary fecal evacuations daily. Dr. Reed, remembering that podophyllin affects especially the small intestine, in large doses causing, as shown by Anstie, intense congestion, and even ulceration, thought that a suitable dose would exert an opposite or restorative action upon this part. He discontinued all other medicines and gave gr. $\frac{1}{16}$ of podophyllin every third hour. A rapid improvement took place after the third dose, and within twenty-four hours the discharges had ceased. The temperature, which had ranged between 103° and $104\frac{1}{2}^{\circ}$ Fahr., and had not been materially influenced by quinine or menthozin, rapidly declined 2° in twenty-four hours. Several weeks later a relapse occurred. The temperature, which had been at the normal for a week, rose to 105.4° . There was profound adynamia, delirium, stupor, and frequent involuntary stools. Podophyllin was again tried in the same dose, but now ineffectually. Fowler's solution of arsenic was then resorted to in doses of gr. $\frac{1}{4}$ every two hours, with as prompt remarkable an effect as the podophyllin in the original attack. The diarrhoea speedily ceased. The temperature rapidly defervesced, reaching the normal in a week. The arsenic was given on the theory that, since this drug in large doses produces violent choleraic symptoms, probably paralyzing the vaso-motor nerves supplying the gastro-intestinal tract, in small doses it should exert an opposite action.

HEART SOUNDS WHEN THE BREATH IS HELD.—Dr. J. Mortimer Granville cautions the profession against the prevalent practice of directing the patients to hold the breath when listening to the sounds of the heart. The patient usually stops breathing with a more or less inflated lung; the result being that the contact and impulse elements of the heart-sounds become exaggerated. In addition to this the lung being not very infrequently distended by a very deep inspiration, taken hurriedly at the moment the patient is told to stop breathing, the mechanical obstacle offered to a free passage of the blood through the lungs is especially great. What the listener hears when the patient's breath is held will not be the cardiac sounds, but the former exaggerated and distorted by the accidental physical conditions of the lungs and the heart, and their surroundings in the thorax; which conditions are abnormal, for a state of forced or even fixed inspiration is not normal, and it modifies as well as intensifies the heart sounds sensibly as any close observer may detect.—*British Medical Journal*, December 1, 1888.

TREATMENT OF TUBERCULOSIS.—About 25 per cent. of the mortality of Naples may be assigned to tuberculosis. Renzi experimented with all the various modes of treatment recommended for that disease. He noted benefit to especially follow the use of the iodine preparations and inhalations of sulphurous acid. He was led to the use of these inhalations by reason of the benefit obtained by patients from inhalations of the fumes arising from the burnt-out crater near Naples. Sulphurous acid relieves the torturing cough and the sensation of oppression. Iodoform ameliorates the cough, reduces the temperature, the dyspnoea, and the quantity of expectoration. Iodine dissolved in oil of turpentine and inhaled aids greatly in reducing the diarrhoea of phthisical patients.—*Allgem. Med. Centr. Zeitung*, 88, 1888.

CREASOTE IN THE TREATMENT OF PHTHISIS PULMONALIS.—Dr. Austin Flint has employed creasote inhalation in the treatment of ten cases of phthisis pulmonalis. The fluid used consisted of equal parts of creasote, alcohol, and spirits of chloroform. Of this mixture from ten to fifteen drops were put upon a sponge, which had been previously moistened with alcohol or water. This sponge was then placed in an inhaler devised by Squire, of London, and modified by Beverly Robinson, of New York. The treatment was begun by the inhalation of fifteen minutes' duration three times daily, increased until, in some instances, the inhalers were worn almost constantly except at night. There was no irritation produced by the inhalation, all patients agreeing that after a few trials it relieved the cough and the irritability of the throat. In some instances the drug was administered by the stomach also.

The records of the cases reported show that creasote by the stomach and inhalation, in cases of solidification without cavities, effects prompt and decided improvement in all phthisical symptoms, with increase in appetite, weight and strength, even with surroundings much less favorable than one would obtain in many cases in private practice. In cases with small cavities much less improvement may be looked for, but some benefit is to be expected. In cases with large cavities the treatment has but little more than a palliative influence.

In a case of irritative cough of several months' standing with slight bronchitis and emphysema, but no signs of phthisis, which resisted ordinary treatment, three inhalations produced almost complete relief, and the cough has not reappeared at the end of four weeks.—*New York Medical Journal*, December 8, 1888.

AN EARLY SIGN OF PHTHISIS.—Dr. Sticker, of Munich, calls attention to a new and readily recognized symptom of phthisis, viz, a bright red line of demarcation between the teeth and the tongue. Sticker has examined one thousand patients for the purpose. He states the symptoms which may precede tuberculosis, such as pseudo-chlorosis, dyspepsia, etc., are very probably the expression of latent phthisis, if the red line is present, and especially in young persons. The absence of the line, especially in female patients, is of no importance. In acute phthisis the line is of a bright red color; in chronic phthisis of a bluish, and in pronounced scrofulosis of a white color.—*Medical and Surgical Reporter*, December 15, 1888.

TREATMENT OF APNŒA BY FORCIBLE EXTENSION OF THE HEAD.—Dr. Benjamin Howard gives an interesting paper (in the *British Medical Journal* of November, 17th) on "A New and Only Way of Raising the Epiglottis" in apnœa. Through experiments made upon the cadaver within forty-eight hours after death, he has come to the following conclusions: (a) Traction made upon the tongue (no matter how forcible) does not raise the epiglottis, as the frænum lingue and anterior pillars of the fauces intercept the force before it can have any effect upon the epiglottis. This is proved by the fact that, on placing the body in an erect position, filling the glosso-epiglottidean fossa with water and then making forcible traction upon the tongue, it is found that no water is spilled from the fossa. (b) The epiglottis can always be raised by making forcible extension of the head—the jaws being held together by placing one hand under the chin. On carrying this extension to such a degree that the skin, from the symphysis of the chin to the sternum, is in as straight a line as possible, we can feel sure that the epiglottis is erect. This elevation is produced through the connection of the hyoid bone to the epiglottis, by the hyo-epiglottic ligament, and to the inferior maxilla by the genio- and mylo-hyoid muscles. Thus it is easily seen how forced extension of the head, by drawing the hyoid bone upward, must necessarily elevate the epiglottis.

CORTICAL LOCALIZATION OF THE CUTANEOUS SENSATIONS.—Dr. C. L. Dana, from the study of one hundred and forty-two cases, in which the lesion was verified by either an autopsy or an operation, comes to the following conclusions respecting the localization of the sensory functions in the brain: 1. The cortical areas for touch, pain and probably temperature are identical with the motor areas. 2. The representations for the different parts of the cutaneous surface are in the main identical with the corresponding motor segments. 3. The areas for the different segments overlap and diffuse into each other. 4. The brain cortex of the left hemisphere, except the island of Reil, shows lesions causing sensibility disturbances twice as often as the right. 5. The anæsthesia produced in these areas is partial as a rule; it may be total for a limited area, but never total for the entire half of the body. The anæsthesia from cortical lesion is limited to or more pronounced in certain parts of the

opposite side, such as the face, arm or leg. 6. Slowly developing lesions like tumors are especially apt to cause paræsthesia or sensory aura if there is epilepsy. Sudden or extensive softening causes the most marked and profound forms of anæsthesia. This softening need not necessarily be deep but is often so. 7. Pressure lesions like superficial clots can cause some anæsthesia, but always with profound hemiplegia. Superficial syphilitic and tubercular lesions may cause partial anæsthesia. 8. No case of pure lesion of the limbic lobe has yet been observed (and reported) in which anæsthesia was produced. This lobe or a part of it is probably the seat of olfactory sensation. 9. The comparatively slight involvement of sensibility in lesions of the motor cortex has yet to be satisfactorily explained. It may be that each body segment has a larger area of representation on the cortex for sensation than for motion; or it may be that each segment is represented to some extent on each hemisphere, and hence compensation easily occurs. It is just possible that there is some sensory function in the limbic lobe. 10. The occurrence of slight sensibility disturbances with spasms and paralysis, points to lesions high up, in or near the cortex. 11. Profound hemianæsthesia, with or without motor symptoms, points to a lesion lower down in the internal capsule or still nearer the cord. 12. Hemianæsthesia is always accompanied with some spasmodic or paralytic symptoms.—*Journal of Nervous and Mental Diseases*, October, 1888.

THE TOE REFLEX.—The toe reflex is a reflex that has been observed by Dr. Wharton Sinkler. It is met with only in cases in which the tendon reflex and ankle clonus are strongly developed. It is elicited in the following manner: The patient lying on his back with his legs extended, the observer grasps the great toe and flexes it strongly; there immediately follows an involuntary flexion of the foot, the flexion of the leg occurs, and lastly the thigh is flexed on the pelvis. Usually the whole limb returns at once to the position of extension. It seems to make no difference whether the toe be flexed suddenly or slowly.—*Medical News*, December 1, 1888.

THE SITUATION OF THE ANO-VESICAL CENTRE IN MAN.—As a result of the cases collated and observed by Osler, we may conclude: 1. That the ano-vesical centre in man is situated in the lowest portion of the spinal cord—the *conus medullaris*—at the region of exit of the third and fourth sacral nerves. 2. The association of paralysis of the rectum and bladder with anæsthesia in the distribution of the inferior hæmorrhoidal and pudendal nerves points to a lesion of the lower sacral nerves or of the *conus-medullaris*. It is not always possible to tell which is affected.—*Medical News*, December 15, 1888.

THE POLYPNÆIC CENTRE.—On a hot day animals like the dog are seen to breathe very rapidly in order to keep themselves cool. To this state the name of polypnœa has been given by Richet. In rabbits etherized and the cortex removed, Dr. Isaac Ott found that removal of the corpus striatum and the parts beneath it and the optic thalamus, abolishes the polypnœa although the external temperature was elevated. If the corpus striatum and the parts adjacent are electrically irritated at an ordinary temperature, the respirations are doubled or even trebled in number.—*Medical News*, November 24, 1888.

PROPOSED OPERATION TO TAP AND DRAIN THE VENTRICLES OF THE BRAIN.—Dr. W. W. Keen, after reporting a case of exploratory trephining and puncture of the brain for supposed abscess, in which the autopsy revealed ventricular effusion, proposes the following methods for tapping and draining the latter:

1. Trephine half-way from the external occipital protuberance to the upper end of the fissure of Rolando, half to three-quarters of an inch to either side of the middle line. Puncture toward the inner end of the supraorbital ridge of the same side. The normal ventricle (posterior horn) will be reached at from two and a quarter to two and three-quarter inches from the surface of the scalp.

2. Trephine at one-third the distance from the glabella to the upper end of the fissure of Rolando, and half to three quarters of an inch to either side of the middle line. Puncture in the direction of theinion. The normal ventricle (anterior horn) will be reached at from two to two and a quarter inches from the surface of the scalp.

3. Trephine one and a quarter inches behind the meatus, and one and a quarter inches above Reid's base-line. Puncture toward a point two and a half inches above the opposite meatus. The normal ventricle (descending horn) will be reached at from two to two and a quarter inches from the surface of the scalp.

These measurements are in the adult, and subject necessarily to variations; they must be reduced for children.

The writer favors the lateral route (3) because it will answer equally well for abscess and dropsy, if there is a doubt beforehand, and because by change of position drainage can be hindered or favored.

Abscess and tumor are to be distinguished from dropsy, after the button is removed, by the appearance of the dura; it will be tense, elastic, and bulging in both, but will not pulsate in the former.

He recommends the grooved director for exploratory puncture, instead of the hypodermic needle.—*Medical News*, December 1, 1888.

TREATMENT OF VARIOLA WITH CARBOLIC ACID.—Dr. Montefero, of Naples, makes use of carbolic acid internally in the treatment of variola. He employs it in doses of one to two grammes; in children the dose is 0.10 gr. to 0.5 gr. to 200–300 gr. of water. He found it to be the only remedy that had any effect in reducing the extent and duration of the eruption. When given at an early stage of the disease the pustules fail to develop; they shrink and dry up after a few days without any swelling of the subcutaneous tissue. In the suppurative stage it moderates the fever, and lessens the suffering in the mouth and pharynx. It failed entirely in hæmorrhagic variola. In the small doses recommended it never produced any toxic symptoms; the urine turns black when standing, and in some cases shows some traces of albumin. One patient complained of constriction at the neck of the bladder. Adynamia is a contraindication to the use of the drug, as it lessens the temperature. It acts well, however, in coexisting pulmonary affections.—*Bull. Gén. de Ther.*, 15, 1888.

CANCER BY SKIN GRAFTS.—The *Centralblatt für Chirurgie* mentions the following case in which carcinomatous nodules were transplanted from one breast to the other by means of skin, and which possesses considerable interest both pathologically and therapeutically. Having determined that a case in which the breast had been previously removed for cancer was too far gone to permit of a second operation, Hahn obtained the patient's leave to inoculate the skin over the second breast by pieces derived from the affected skin of the first. Numerous small cancerous nodules were, on April 9th, cut off as evenly as possible with grafting scissors, and transplanted by Reverdin's method on the sound breast, after the skin on the selected spot had been removed so as to leave an ulcer for their reception. On May 1st the transplanted pieces had taken root, and the ulcer was completely covered with epidermis. On May 19th, at the edges of the pieces of skin some small projecting nodules appeared about the size of a millet seed; they gradually increased in dimensions until June 26th, when they had reached the size of a cherry-stone. Four days later the patient died. On microscopic examination of sections of the transplanted skin, all of which gave a characteristic appearance, it was evident that the main mass of tumors consisted of a well-developed connective tissue stroma, containing irregular masses of epithelial cells enclosed in it. These masses had clearly insinuated themselves into the healthy tissues, which were on all sides beginning to be invaded by the epithelial nests. The above related facts seem to prove clearly that carcinoma can, under suitable conditions, be inoculated upon healthy tissues; and the practical deduction to be drawn from this circumstance is that great care should be taken during an operation to avoid taking up pieces of cancerous tissues in the forceps, and leaving them adherent to the edges of the wound, where they may afterwards find a permanent resting place.—*Medical News*, November 24, 1888.

MOLLUSCUM CONTAGIOSUM.—Neisser (*Vierteljahr. f. Derm. u. Syph.*, 1888, xv., Heft 4) proposes that the disease usually designated molluscum contagiosum or molluscum epitheliale, be called epithelioma contagiosum. He denies positively that the sebaceous glands take any part in the formation of the tumors, and has never found in any section of these bodies the evidence of the participation of the follicular epithelium, nor any hair near enough to the tumor to suggest any connection with it. On the other hand, he has found that the process begins in the rete mucosum and grows downward, and that the transformation of the rete cells into the outer cells of the molluscum body can be readily seen. He is convinced of the contagious nature of the tumors. The molluscum corpuscle is regarded by Neisser as a completely cornified, nucleated epithelial cell completely filled with a parasite, which he has demonstrated microscopically, but has not been able to cultivate. As a

neoplasm the molluscum contagiosum is an epithelioma; but, at the same time, it is a sort of retention cyst composed of abnormally developed epithelium, and of corneous matter abnormally piled up among the cells of the parasite, and of the parasite itself.—*New York Medical Journal*, November 17, 1888.

THE SUPPRESSION OF ECZEMA.—A very interesting and important question has been raised as to the propriety of healing completely a discharging eczema, and the fear of driving in the disease has often deterred practitioners from effecting a speedy cure.

Hebra and his school laugh at this idea, and no doubt in the majority of cases with good reason.

The question at issue, whether an habitual discharge may be suppressed without danger to a patient, depends, I think, upon the patient, and not on the disease.

I attended a child who had lost two younger brothers from acute tuberculosis. He had a very extensive eczema of the scalp and face, but otherwise appeared in good health. Under appropriate remedies his eczema rapidly got well, but its disappearance was attended with all the signs of acute hydrocephalus, from which he soon died.

With the family disposition to this disease, it is not unlikely that the child might have succumbed to tuberculosis, had the eczema not been cured; but I fear my treatment was injudicious, as the child's disposition to disease of a special and serious kind was not taken into account.

Analogies of the impropriety of rapidly suppressing habitual discharges are common enough. Hæmorrhages from the lungs or stomach occur often enough, when hæmorrhoids, which have been bleeding for years, are suddenly cured, and I have seen cases in which cerebral hæmorrhage has seemed to follow rapid cure of an old ulcer.—Robert M. Simon, M.D., in *Wood's Medical and Surgical Monographs*, Vol. I., No. 1, January, 1889.

CARCINOMA MAMME vs. ERYSIPELAS AND ARSENIC.—Dr. Charles Mohr reported to the Homœopathic Medical Society of the State of Pennsylvania, September, 1888, a case of mammary cancer that disappeared after an attack of erysipelas. The patient, eighty-three years of age, was seen first in July, 1836. At that time, there was an irregular, hard lump, about the size of a hen's egg, in the left mamma. No glandular involvement could be detected. Operation being refused, conium 1x relieved the pains, which were on the increase, and a coincident vertigo. A year later, the tumor had grown considerably, and small, hard lumps developed near it; the nipple was retracted, and the axillary glands were involved. The pains, now intense, shooting and lancinating in character, were again relieved; this time by belladonna 1x. In October, 1837, ulceration of the skin was present. Earth dressings were used, and lachesis 30 relieved the pain. Patient went from bad to worse; the supra-clavicular glands became involved, appetite failed, cachexia developed, and she took to her bed. In December, 1837, she had an attack of erysipelas, beginning around the ulcer, and spreading upwards to the neck and down to near the iliac crest. Under arsenic 3x, the inflammatory symptoms, local and constitutional, subsided. Within ten days, the axillary and cervical glands had almost disappeared, and in a little over four weeks all that was left of the tumor was a small puckered cicatrix. General health was entirely restored, and a fracture of the left humerus in April, 1838, united rapidly and perfectly. The writer naturally concludes by bringing up the question, lately much discussed, as to the advisability of inoculating erysipelas in inoperable cases. He very justly does not commit himself to an answer, and suggests that arsenic may have been instrumental in aiding the cure.—*North American Journal of Homœopathy*, November, 1888.

[The patient died a few days since, a year after the erysipelas, of pneumonia. Up to that time there had been no recurrence of the growth anywhere. No autopsy was allowed.—Ed.]

INOCULATION OF ERYSIPELAS IN MAMMARY CANCER.—Dr. Holst inoculated a woman suffering from recurring carcinoma of breast, affecting the side of the chest. The disease developed thirty hours after the second inoculation, and ran a regular course, the fever abating on the seventh day. The improvement was, at first, quite marked; but four and a half months later cancerous nodules appeared on the inner side of the arm. He agrees with Nelsen, that erysipelas at first checks the progress of cancer, but, later on, hastens a fatal termination.—*Medical News*, December 8, 1888.

PAGET'S DISEASE OF THE SCROTUM.—At a recent meeting of the Pathological Society of London, Dr. Radcliffe Crocker gave the history of a case that he regarded as one of Paget's disease affecting the scrotum. In a man sixty years old, there was superficial ulceration on the anterior part of the scrotum, and the lower surface of the penis, somewhat resembling an eczematous excoriation, but deeper and more sharply defined. After rather more than a year of ineffectual treatment, two firm nodules were found to have formed. At that time the malignant nature of the disease was apparent, and its similarity to Paget's disease of the nipple was recognized. The whole diseased area was cut out, and six months later there had been no recurrence. The microscope showed an alveolar structure, the stroma being here scanty and there abundant, and the alveoli containing aggregations of small epithelioid cells, suggestive in many respects of the structure of rodent ulcer. The process seemed to have originated in the sweat-glands.—*New York Medical Journal*, December 1, 1888.

BREWER'S YEAST A REMEDY FOR DIPHTHERIA, ETC.—Heer considers brewer's yeast a sovereign remedy in certain infectious diseases, and also in scurvy and purpura. In pulmonary tuberculosis it lessens the fever, and prevents for a time the consolidation of lung tissue. Two litres of it may be used daily. Patients like it, so that it may be taken in the place of milk. It keeps up nutrition. Heer witnessed splendid effects from its use in diphtheria, scarlatina, dysentery, and infantile intestinal affections. Children of from one to three years of age take from one to three grammes, and older children from six to eight grammes, and adults should take from ten to fifteen grammes, every two hours. He suspects that the yeast is inimical to the morbid bacilli.—*Allgem. Med. Centr. Zeitung*, 89, 1888.

SUDDEN DEATH OF INFANTS FROM HYPERPLASIA OF THE THYMUS GLAND.—Prof. Grawitz reports two cases of sudden death from hyperplasia of the thymus gland. The first was that of an infant that went to bed apparently well, and was found dead the following morning. In the second case the father was playing and romping with the infant when it suddenly turned livid in the face, and died in a few minutes. In both cases the cause of death was found to be as above stated. Virchow says in his chapter on hyperplasia of the lymphatic glands: "Some still doubt the existence of an asthma thymicum; but a considerable hyperplasia of the thymus gland is certainly not without influence on respiration and circulation, and pressure therefrom may produce dyspnoea and apnoea." Though rare, such cases of sudden death will occur in apparently healthy infants.—*Deutsch. Med. Wochenschr.*, 22, 1888.

THE TONSILS; THEIR FUNCTIONS AND RELATION TO DISEASES OF THE THROAT AND NOSE.—Spicer adopts the theory of Hingston Fox as to the functions of the faucial tonsils, namely to absorb from the buccal secretions and from the bolus of food during deglutition certain elements to be used in the blood manufacturing system. The pharyngeal tonsil is thought to do similar duty—that is so far as concerns the waste of secretion. In the horizontal position in man, the nasal and lachrymal secretions must flow over it. The lingual tonsil also occupies a similar position. The enlarged follicles in chronic granular pharyngitis, called the discrete tonsils, are referred to in the paper, but for what reason and why so called does not appear. After a few notes of treatment containing nothing new, the author concludes the paper as follows:

1. The significance of the various tonsils is in their palpable relation to the blood manufacturing system and to the outpour of copious secretions. The relations of the tonsils to the rest of the organism can be well appreciated by comparing them with the relations of the sewage farm to the town whose refuse it makes use of, and to which it returns its elaborated products. 2. If any of the secretions delivered to the tonsils become contaminated in any way with irritating matters whether generated in the system or introduced from without, those tonsils in physiological correlation with the affected secretion show irritative changes varying in degree. 3. The functions and affections of the various tonsils afford a key to the comprehension and scientific treatment—and the prevention—of many of the most intractable and recurrent disorders of the nose and throat.—*Medical Analectic*, December 13, 1888.

BLINDNESS DUE TO WHOOPING COUGH.—In the *Deutsche Medicinischer Wochenschrift*, Dr. Alexander, of Aachen, has published two cases. In one of them,

that of a boy three years old, the blindness came on suddenly, the pupillary reaction being preserved and the fundus oculi presenting a normal appearance. The trouble was imputed to cerebral œdema, situated between the region of the corpora quadrigemina and that of the occiput, which subsequently spread and proved fatal. In the second case, that of a girl, twelve years old, the loss of sight was preceded by brain symptoms, and was attributed to optic neuritis *ex meningitides*. The pupillary reaction, which had been lost, returned with the absorption of the meningitic exudate, and visual power was gradually regained.—*New York Medical Journal*, December 1, 1888.

ARREST OF TONSILLAR HÆMORRHAGE.—Dr. R. J. Levis gives a simple expedient which, in his hands, arrested a long-continued hæmorrhage after excision of the tonsil. A tenaculum was passed through the tissues of the base of the tonsil and given a decided twist. The patient's jaws were closed on the handle of the instrument and held in place by turns of a roller bandage. Failing in this, the writer was prepared to pass a ligature through the base of the tonsil and, after tying it tightly, to bring one end out of the mouth.

It is worthy of note that a guillotine had been used that draws out the tonsil before cutting. Cold, temporary pressure and styptics had failed. The last are very justly condemned.—*Medical News*, December 8, 1888.

OXALURIA ESPECIALLY IN ITS RELATIONS TO URIC ACID.—D'Estrées, in a paper read before the New York Academy of Medicine, observes that uric acid calculi are common in France, while oxalate of lime calculi are more frequently found among Americans. This difference he explains by the differences in the habits of the two nationalities. The French, sedentary by taste or by profession, give themselves up too willingly to high living; the Americans live too fast, fatigue their nervous systems beyond reason, without giving their digestive apparatus that proper care and attention it deserves. He expresses his opinions concerning oxaluria in the following propositions: 1st. Oxalate of lime is a body that may be present in normal urine to a greater or lesser extent, owing to the influence of certain foods. 2d. Uric acid is frequently found, together with oxalate of lime, in urinary sediments in gravel as well as calculi. 3d. Oxalic acid owes its existence to the presence and incomplete oxidation of uric acid. 4th. Alkaline mineral waters having lime as a base offer the most effective means at our command for the cure of oxaluria.—*Medical Record*, December 8, 1888.

A DIAGNOSTIC SIGN OF NEPHRITIS.—Geisler says that the elimination of iodide of potassium by the kidneys may be used as a diagnostic sign of nephritis. While the quantity of albumin increases with the accentuation of the lesions of the glomeruli of the kidneys, the rapidity of elimination of iodide of potassium remains normal. But it is diminished as the lesion of the canaliculi of the kidneys becomes more advanced. This is true in both the acute and chronic forms of nephritis.—*Journal of the American Medical Association*, December 1, 1888.

SULPHO-CARBOLIC ACID AS A DISINFECTANT.—E. Laplace has tried this acid, and has found that the microbe of malignant pustule is killed after forty-eight hours in a 4-per cent. solution, and after seventy-two hours in a 2-per cent. solution. The same result does not occur with a solution of pure carbolic acid, nor with one of 2 per cent., nor with creoline. Sublimate only, in solutions of 0.10 per cent., possesses an action more powerful—but it is dangerous and more expensive. To prepare sulpho-carbolic acid, a mixture containing equal parts of raw carbolic acid (25 per cent.) and ordinary sulphuric acid should be heated together for a little time and then allowed to cool.—*Medical Register*, December 8, 1888.

OLIVE OIL IN HEPATIC COLIC.—Dr. Valin (*L'Union Médicale du Canada*) administered two large glasses of olive oil fifteen minutes apart, in a case of hepatic colic, where other treatment had failed. There was a high temperature, delirium, etc. In two hours a number of calculi were passed and the patient made an uninterrupted and rapid recovery.—*Medical News*, December 8, 1888.

SACCHARIN.—Drs. Stevenson and Woolbridge, after giving a series of experiments, instituted to decide whether or not it is advisable to forbid the use of saccharin as a substitute for sugar, sum up as follows:

1. It is innocuous in quantities largely exceeding what would be taken in any ordinary dietary.

2. It does not impede the digestive processes when taken in any practicable quantity.

Their personal experience is that it may be taken for an extended period without interfering with any of the bodily functions. They call attention to the fact that saccharin retards the ammoniacal fermentation of urine when added to it or taken internally.—*The Lancet*, November 17, 1888.

PUNCTURE OF A VEIN IN HYPODERMIC MEDICATION.—Dr. J. Craig Balfour calls attention to the danger of intravenous injections of medications, more imminent in fact than the introduction of air. He cites the case of a lady who had been receiving morphia subcutaneously for several months, the effect, even of large doses, being incomplete. After an unusually small injection of the tartrate of morphia (4 minims of a 1 to 12 solution), given in the usual manner, she immediately felt a prickling, burning sensation all over, and a feeling as if her head and hands were swollen to such an extent as to burst the skin. She became very flushed, the eyes protruded, and she was greatly distressed. After a dose of belladonna tincture she became excited, struggled and cried out, then turned pale and fell back unconscious. The lips were blue, the skin gray and the face swollen, the pulse weak, and the breathing stertorous. Stimulants restored her slowly to consciousness. Prostration and headache followed, and continued for two days. He suggests that such injections be made very slowly and stopped in case prickling and burning come on, as they do immediately.—*The Lancet*, November 10, 1888.

OOPHORALGIA TREATED BY INTRA-UTERINE FARADIZATION.—Dr. Everhard, of Mous, contributes an interesting paper to *La Clinique* on the nature and treatment of oophoralgia. In his experience the affection is usually accompanied by what are considered hysterical symptoms. The patients are usually young girls, and they complain generally of violent and frequent headaches, buzzing in the ears, exaggerations of the olfactory and gustatory senses, ocular troubles, loss of memory of words, anæsthesia and hyperæsthesia of different parts of the body, capricious appetite, bad digestion, irregular bowels, and cough more or less frequent, for which no reason can be found on examination of the chest. The treatment hitherto has been chiefly symptomatic, and has not been very successful. Dr. Everhard has of late, however, employed Apostoli's method. He uses a bichromate of potash faradization apparatus, to which is connected an Apostoli's bipolar rheophore containing the two currents, which are separated by a thin piece of gutta percha. This sound is either introduced into the vaginal fornix or into the uterus itself. The coil is so arranged as to supply currents predominating in tension or in quantity at will. Care must be taken to increase the strength very gradually, and to diminish it the moment the patient complains of pain. The greatest cleanliness is required, antiseptic injections being used before and after the sitting. Dr. Everhard gives some cases where a half dozen faradizations produced a great change for the better in hysterical patients with enlarged and tender ovaries.—*The Lancet*, November 24, 1888.

HOT WATER IN OBSTETRICS.—Water at a temperature of 120–125° is an energetic stimulant to the smooth muscular fibre. It also has an action on the blood-vessels, manifested by an immediate and persistent contraction, or by a momentary dilatation followed by contraction. These two physiological facts explain the therapeutic effects so evident which these hot injections of 120° exercise on the uterine contractions. It is by fair stimulating action on the uterine fibre that these injections constitute an exytotic means so efficacious and so useful during labor. It is the double action exercised by the hot water on the fibre and the vessels which explains its efficacy as an agent of hæmostasis. Hot injections should be preferred as a hæmostatic to cold because cold water has an action less energetic on smooth fibre, and, moreover, the vascular contractions due to cold might be followed by a reaction with paralytic dilatation, whence it may happen that the hæmorrhage, arrested momentarily, reappears with more intensity.—*Archives of Gynecology*, November, 1888.

COCAINE IN VAGINISMUS.—Dr. John D. Hayward reports a case of vaginismus treated with cocaine. The patient, aged 23, married one week, came to him with

her mother, both in great distress. During coitus the young woman suffered such agony that, although she had taken anodynes before going to bed and was resolved to suffer without complaint, her cries and groans could be heard all over the house. The husband declared that his wife was not like other women, and threatened to leave her. He found the vagina rather short; but otherwise it and the uterus appeared normal. There was such spasm of the constrictor vaginae that he could only introduce one finger, and that was tightly grasped and caused much pain. He prescribed an ointment containing gr. 5 to the ounce of hydrochlorate of cocaine; a small piece to be inserted well into the vagina before going to bed and the parts well steamed. The result was very satisfactory; the husband is satisfied, and the wife suffers but slightly, although coitus is not yet entirely free from discomfort.—*Archives of Gynecology*, November, 1888.

OPERATION FOR A NEW BLADDER.—Professor Tozzoni and Dr. Poggi, of Bologna, have devised and carried out an extremely ingenious operation for the purpose of restoring the bladder in cases where it is partially destroyed by disease. The object of the operative procedure is to replace the bladder by means of a substitute, that substitute being a portion of intestine. The operation (on an animal) was performed in stages, an interval of about a month elapsing between them. The first step of the operation consisted in cutting out a portion of the intestine, the two ends from which it was taken, being immediately sutured; the mesentery was left attached to the excised portion. The ends of this portion were then closed so as to form a sac; one end was then brought down and fixed to the neck of the bladder. The second portion of the operation consisted in separating the ureters from the bladder, excising the latter organ, suturing the intestinal sac in the position of the bladder, and grafting the ureters on to its posterior wall. For a few days there was incontinence of urine, but after about a fortnight the sphincter regained its power and the animal recovered completely. In consequence, however, of the small size of the new bladder, micturition was necessarily very frequent. Professor Tizzoni and Dr. Poggi propose to repeat this experiment on another animal, taking care to excise a larger portion of intestine, so as to imitate more closely the normal capacity of the bladder.—*The Lancet*, November 10, 1888.

TREATMENT OF ANAL FISSURE WITHOUT OPERATION.—According to a Paris letter, Dr. Gregney believes that he has discovered a simple, painless, but effectual method of curing all fissures of the anus without resorting to operation. It consists in first securing a thorough evacuation of the bowels every morning, and then introducing between the lips of the fissure a few shreds of lint saturated with a solution of chloral 1 to 50.

This is left *in situ* until the evacuation of the rectum next morning carries it away, when it is replaced by shreds similarly treated. These dressings are repeated daily until the fissure disappears, which is usually about the tenth day of treatment. *Satellite*, November, 1888.

RESEARCHES UPON THE ANTISEPTIC ACTION OF IODOFORM AND VARIOUS OTHER SUBSTANCES—The results at which Kiedlin has arrived relating to the action and powers of various antiseptics are comprised in a report published in the *Archiv. für Hygiene*, No. 7, p. 309, as follows: Iodoform behaves toward cleft fungi either as an inert powder or as a weak antiseptic. Against cholera bacilli, on the other hand, it has proved to be a powerful antiseptic, its vapor even preventing their growth. Turpentine oil in 1 per cent. emulsion powerfully hinders bacterial vegetation, but does not kill anthrax bacilli. Pure turpentine quickly destroys all bacteria and spores. The oils of lavender, eucalyptus and rosemary are of the ethereal oils the most antiseptic; they act powerfully in substance, and in that shape hinder all vegetation. Of the remaining ethereal oils, the oil of cloves possesses greatest antiseptic powers. All others, as thyme, peppermint, anise, fennel, juniper, and camphor are antiseptics of minor importance. Iodol has proved to be simply an inert substance in relation to bacterial life. Balsam of Peru is a rather powerful antiseptic, acting especially against the cholera bacillus. Sodium sulpho-ichthyolate in 5 per cent. solution possesses but very feeble antiseptic powers. Aniline dissolved to saturation in aniline-water is a very powerful antiseptic. A 20 per cent. solution in aniline-water effectually prevents the development of all bacteria.—*Satellite*, November, 1888.

MONTHLY RETROSPECT

OF HOMŒOPATHIC MATERIA MEDICA AND THERAPEUTICS.

CONDUCTED BY

CHARLES MOHR, M.D., AND EDWARD R. SNADER, M.D.,

WITH THE COLLABORATION OF

S. LILIENTHAL, M.D.,

HORACE F. IVINS, M.D., AND EDUARDO FORNIAS, M.D.

MATERIA MEDICA.

GENTIAN.—Dr. E. M. Hale, in an article appearing in the November *Medical Counsellor*, says: "Although we have pathogeneses of two species of gentian—*gentiana cruciata* and *gentiana lutea*—I have never heard of their being used in our practice. These pathogeneses are full of good stomach and intestinal symptoms, and many which indicate a general disturbance of the digestive functions. It is time that we began to rescue these medicines from their neglected position." "I have used our native gentian in some cases of atonic dyspepsia, and my conviction is, that its action has a close resemblance to *hydrastis*. It certainly is an antidote to the bad effects of abuse of quinine."

LACHESIS IN RELATION TO THE GENERATIVE ORGANS OF WOMEN.—Under this caption, in the November number of the *Journal of Obstetrics*, Dr. B. F. Betts presents an interesting article concerning the influence of lachesis on the female organs of generation. Lachesis exercises its chief influence through degeneration of the blood supply. The left side, being the weakest, is first affected, and the debased blood produces, as prominent features, venous stasis and its concomitant vasomotor paresis, or perhaps ataxia either local or general. The pelvic pains of lachesis are tensive, pressing or burning, sometimes drawing, or a bruised-like sensation. The most characteristic feature is the sensitiveness of the parts to touch, showing centric irritation of the cord, and is most marked in the region of the body of the uterus and Fallopian tubes. Dr. Betts thinks that lachesis should benefit long-standing cases of salpingitis, particularly where the system at large has been contaminated by the absorption of the debased morbid products contained in the occluded tubes. Endometritis, characterized by sensitiveness in the region of the uterus, relieved by a discharge of mucus or blood, will find in lachesis a curative agent. Prominent among the pelvic symptoms of the poison may be noted the following: The pains

PULSATILLA IN FACIAL PARALYSIS.—Dr. Prosper Bender reports the cure of facial paralysis in two weeks with *pulsatilla* 30, given every four hours. Aconite and *rhus tox.* were employed intercurrently for presenting symptoms, but *pulsatilla* did the best work. A second case was cured in ten days with *pulsatilla* 30.—*Trans. Am. Inst. Hom.*, 1888.

specific gravity of 1029. There was not much pain in the lumbar region, but pressure, such as lying on the back, caused a sense of tenderness deep in the tissues. The bladder was very irritable, with constant, ineffectual urging, or the passage of a drop or two of blood. The lower extremities were much swollen. He suffered greatly from thirst, but the slightest quantity of water caused nausea and vomiting. Whenever he passed water there was gagging, empty retching, or the ejection of a small quantity of ropy mucus. Under *veratrum viride* 3 all the symptoms disappeared in a week, the urine becoming very profuse at first.

ALBUMINURIA OF PREGNANCY.—With the symptoms of

ing of heavy weight on the top of the head, and of the kidneys and bladder, Dr. Amesbury also reports the following case: A bartender, on duty from 7 to 12 P.M., complained of an indescribable heavy, dragging pain in the occiput, with great dulness, and a sensation as if the scalp wrinkled up, kept tightening, and remained so, or this sensation changed to a feeling as if insects were crawling from

LOBELIA IN SEROUS DISCHARGES.—Dr. Robert T. Cooper relates the case of a lady who suffered from profuse serous discharge from the vagina and bladder, with agonizing burning and scalding, coming on chiefly in the evening. Many medicines were tried, but only *apis mellifica* gave some little relief. The *acetate of lobelia* relieved her so much that she could leave her bed speedily, and finally cured entirely.—*Monthly Homœopathic Review*, November.

GELSEMIUM IN METRORRHAGIA.—Dr. H. W. Champlin prescribed *gelsemium* for a case of alarming uterine hæmorrhage. The patient had previously had intermittent fever, for which quinine had been prescribed, and she had not been well since. There is a very curative effect, especially in cases of deafness that we may fairly infer to be due to suppressed otorrhœa. In one remarkable case of deafness, due to suppression of an eczema of the meatus of the right ear, the internal exhibition of *lobelia* was followed by profuse discharge from the ear, showing that it acted strongly upon this organ, without any lessening of the dulness of hearing. In tinnitus, due to suppressed aurial discharge, it does not exert anything like the same beneficial effect that it does over the symptoms of deafness.—Dr. Robert T. Cooper, *Monthly Homœopathic Review*, December.

INDICATIONS FOR NUX VOMICA AND SEPIA IN CONJUNCTIVITIS VERNALIS.—In an article, read before the American Institute of Homœopathy, by Dr. George S. Norton, *nux vomica* and *sepia* are mentioned as the remedies most useful in combating the disease. The following are summarized indications:

Sepia.—Aggravation morning and evening, and amelioration in the middle of the day; redness of the conjunctiva; lachrymation; discharge, agglutinating the lids in the morning; sensations of itching, smarting, burning, heat, pressure, etc.; eye symptoms aggravated in hot weather, with the stomach and general *sepia* symptoms.

Nux vomica.—Subjective symptoms somewhat similar to *sepia*; worse in the morning and better the remainder of the day and evening; photophobia, marked in the morning; the characteristic *nux vomica* gastric symptoms.—*Trans. Am. Inst. Hom.*, 1888.

LOBELIA.—Dr. Robert T. Cooper, in the *Monthly Homœopathic Review* (December), in an interesting article entitled, "The Action of *Lobelia Inflata* and *Lobelia Cereulea*, with Remarks upon *Psora*," states that he has employed lobelia as a medicine successfully for twenty years. Previous to that time the remedy, when apparently well-indicated, failed him often. From an old herbalist, who used lobelia extensively and successfully, he learned that the herbalist used "a solution of lobelia made with common vinegar." Dr. Cooper has since used the *acetum lobelia*. He found that his herbalist friend employed lobelia as homœopaths employ sulphur, i.e., as a reactor, and claimed that the interposition of lobelia during the treatment of a diseased state, rendered the patient more susceptible to other remedies.

NUX VOMICA IN GASTRALGIA.—Dr. L. Pratt reports the cure of a case of gastralgia, of several years' standing, with three doses of *nux vomica* 3x trit. The medicine was prescribed on well-known nux indications.—*Trans. Am. Inst. Hom.*, 1888.

DISEASES OF THE COCCYX AND COCCYODYNIA.—Dr. E. M. Hale, in an article which appeared in the May number of the *Journal of Obstetrics*, in speaking of treatment, systematizes the remedies useful for alleviating diseases of the coccyx. Some of the indications given follow: If the cause has been a fall or a blow, and no dislocation has obtained, *arnica* and *hamamelis*; if from strain during labor, the strain affecting the muscles and ligaments, *rhys tox.*, locally and internally; if rheumatic or gouty, *aconite*, *bryonia*, *colchicum*, *ammonium mur.*, *manaca*, *salicylic acid*, or the salts of *sodium* and *lithium*, *rhys tox.*, *cimicifuga*, *caulophyllum*; if neuralgic, *aconite*, *belladonna*, *cannabis ind.*, *antipyrin*, and the *valerianates* of zinc and ammonia. Dr. Hale also cites, from homœopathic literature, three clinical cases and the remedies employed: 1. *Coccygodynia* after a fall on the ice: pain worse after sleep, cured by *lachesis* (Raupe). 2. *Coccygodynia* during the first stage of labor.

CUPRUM METALLICUM IN CHOLERA MORBUS.—Dr. E. B. Nash reports three rapid cures of cholera morbus with *cuprum metallicum*, one with the 6th, one with the 200th, and one with Finke's cm. dilution. Violent cramping in the stomach was the leading indication.—*Medical Advance*, December.

LOBELIA ACETATUM IN DIARRHŒA.—"Some years ago a lady, aged thirty, consulted me for diarrhœa, very watery, accompanied by a feeling of sickness, which came on every morning on getting out of bed and lasted an hour or two. It dated from a crop of boils three months before, and homœopathic treatment had not in any way relieved her." The patient suffered also from leucorrhœa, left groin-pain and dysmenorrhœa. Dr. Robert T. Cooper gave *lobelia acetatum* (as an anti-psoric) and cured her in a short time. Dr. Cooper also reports the following case:

A young woman, with menstrual difficulties and facial neuralgia, suffered for years with a profuse diarrhœa, literally running from her, sometimes light-colored, sometimes dark. She experienced pain all round the abdomen and up the back, very much worse after taking off her clothes, and a feeling of exhaustion or falling to pieces inside and out; could not bear anything to touch her. Allopathy failed to relieve her, and sulphuric acid, hydrastis, graphites and other remedies failed to prove distinctly remedial. She was for three months under a noted materia medicaist also without avail. Eight drops of the acetate of lobelia, well every third or fourth day, the chill coming on at 4 o'clock.—*Monthly Homœopathic Review*, July, 1887.

Cimicifuga.—Weight, heaviness, stiffness and contraction, like a "crick" in the back.

Thuja.—Very violent stitches in the rectum in the direction of a line from the anus to the sacrum; distinct violent stitches from the anus into the region of the left iliac bone; spasmodic drawing from the coccyx into the genitals; painful in that shape under arborescence, while sitting "etheral oils," the oil of cloves possesses greatest antiseptic powers. All others, as thyme, peppermint, anise, fennel, juniper, and camphor are antiseptics of minor importance. Iodol has proved to be simply an inert substance in relation to bacterial life. Balsam of Peru is a rather powerful antiseptic, acting especially against the cholera bacillus. Sodium sulpho-iodhyolate in 5 per cent. solution possesses but very feeble antiseptic powers. Aniline dissolved to saturation in aniline-water is a very powerful antiseptic. A 20 per cent. solution in aniline-water effectually prevents the development of all bacteria.—*Satellite*, November, 1888.

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HELONIAS IN THE ALBUMINURIA OF PREGNANCY.—With the symptoms of anemia, scanty urine, dull, heavy feeling in the region of the kidneys, and constant restlessness (the patient complaining that she was so nervous and fidgety she could not stand it), Dr. E. B. Nash reports having cured with *helonias* a marked case of albuminuria in a pregnant woman, and her labor was normal.—*Medical Advance*, December.

LOBELIA IN SEROUS DISCHARGES.—Dr. Robert T. Cooper relates the case of a lady who suffered from profuse serous discharge from the vagina and bladder, with agonizing burning and scalding, coming on chiefly in the evening. Many medicines were tried, but only *apis mellifica* gave some little relief. The *acetate of lobelia* relieved her so much that she could leave her bed speedily, and finally cured entirely.—*Monthly Homœopathic Review*, November.

GELSEMIUM IN METRORRHAGIA.—Dr. H. W. Champlin prescribed *gelsemium* for a case of alarming uterine hæmorrhage. The patient had previously had intermittent fever, for which quinine had been prescribed, and she had not been well since. *Gelsemium*, having been indicated in the malarial attack, was given for the hæmorrhage, and very successfully. Two days after the bleeding ceased, the old chills and fever returned. *Gelsemium* was still indicated, and, in a higher potency, cured the case.—*Medical Advance*, December.

LYCOPUS VIRGINICUS IN PUBIC DROPSY AND IRREGULAR MENSES.—Dr. Phil. Porter thinks that, in passive, capillary engorgements of the pelvic viscera, due to an insufficient action of the sympathetic nervous system, with puffiness or swelling of the parts, *lycopus* is the remedy that will bring about resolution. The drug proved curative in a case in which there was puffing of the parts on and around the pubes and vulva, with a dilated condition of the vagina, the latter being hot, and the os uteri swollen and engorged. The heart's action was tumultuous.—*Hom. Journal of Obstetrics*, November.

The first menstrual period following the administration of the *kali phosphoricum* was comparatively comfortable.—*Hom. Journal of Obstetrics*, November.

INDICATIONS FOR CERTAIN REMEDIES IN UTERINE DISPLACEMENTS.—Dr. Geo. Southwick, in a paper read before the American Institute of Homœopathy, 1888, gives the indications for the employment of certain medicines in the treatment of uterine displacements.

Aletris farinosa is best suited to debilitated, dyspeptic women, suffering from profuse leucorrhœa; profuse, painful and premature menstruation. The remedy acts best when given in the tincture or fluid extract.

A. senicium.—Retroversion and prolapsus; burning on the top of the head and in the stomach.

Arctium lappa has been employed empirically in the first and second dilutions in cases of retroversion, flexion and prolapsus. Young, unmarried women, who complained of anorexia, prostration of the muscular system, pain in the sacrum and thighs, especially in the right side, and soreness in the pelvis, have been benefited by the remedy.

Aurum.—Prolapsus in consequence of great weight and chronic congestion; scrofulous subjects; melancholy; hysteria; bone pains; sensitive to cold air. The aurum natronatum muriaticum is preferable, if the prolapsed uterus is indurated.

Belladonna.—Prolapsus from acute congestion; severe backache; pain in the right side; hard bearing down; frequent or involuntary urination at night; profuse menstruation; blood uncoagulated; more often dark, than red, and sometimes offensive; organs sensitive on examination. Not suited to chronic cases.

Culearea carbonica.—Too early, too profuse, too long-continued menstruation; acrid, milky leucorrhœa, with itching and burning; easy perspiration, especially in the morning; and much sweat on the external genitals; sense of great exhaustion and weariness.

Fluoride of Calcium.—Perverted nutrition; dyspepsia.

Conium.—Probably useful in prolapsus due to chronic metritis and hyperplasia of connective tissue; lancinating pains in the pelvis; soreness and swelling of the breasts before the menses.

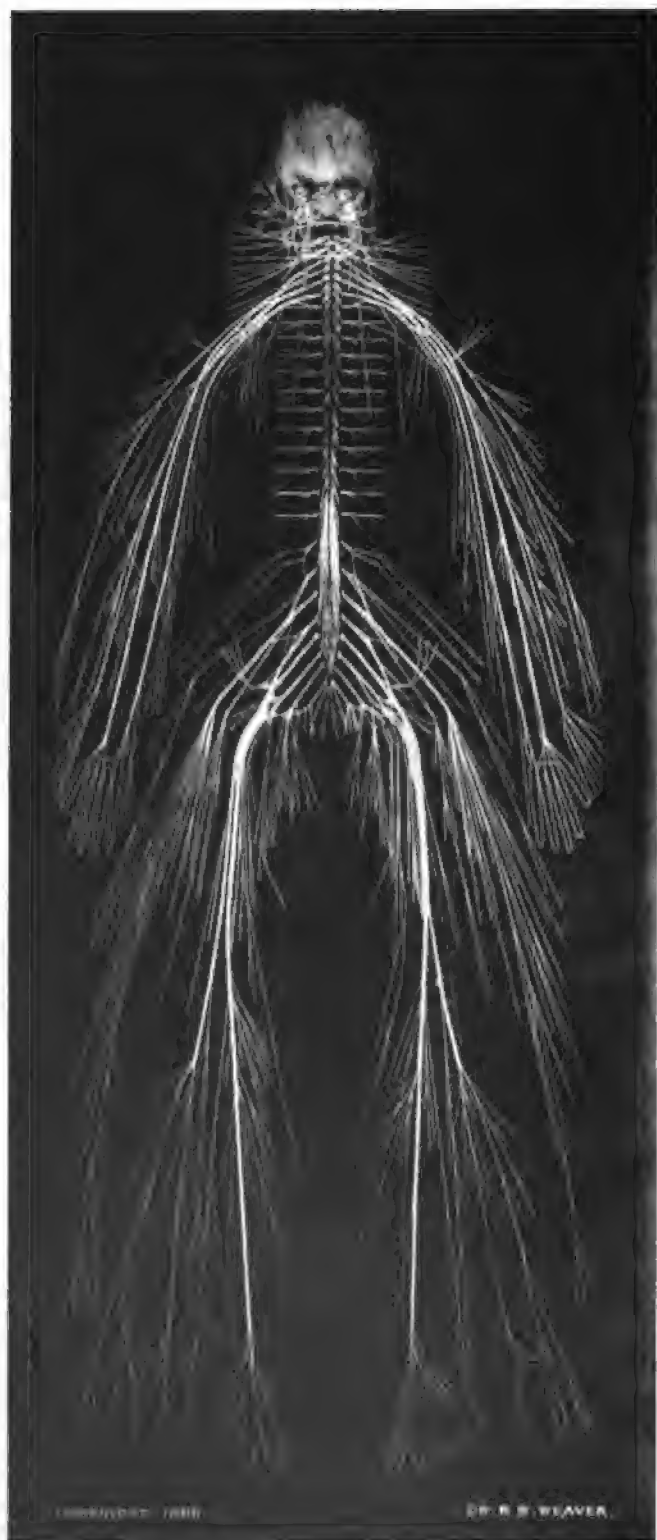
Ferrum iodide.—In the first decimal trituration, a favorite remedy of Dr. H. C. Preston for both retroversion and prolapsus; atony and congestion of the uterus; involuntary urination; fiery red face; delayed or profuse menstruation.

Helonias.—In strong doses, useful in anæmic, low-spirited patients; profuse menstruation; profuse and offensive leucorrhœa; soreness and weight in the pelvis; sometimes aphthous condition of the vagina.

Murex purpurea.—Conscious of a uterus; aching, drawing, burning pains in and about the pelvis, worse on lying down; feeling of general prostration, vagina light-colored, sometimes dark. She experienced pain all round the abdomen and up the back, very much worse after taking off her clothes, and a feeling of exhaustion or falling to pieces inside and out; could not bear anything to touch her. Allopathy failed to relieve her, and sulphuric acid, hydrastis, graphites and other remedies failed to prove distinctly remedial. She was for three months under a noted materia medicist also without avail. Eight drops of the acetate of lobelia, well every third or fourth day, the chill coming on at 4 o'clock. —*Monthly Homœopathic*

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CEREBRO-SPINAL NERVOUS SYSTEM.

Prepared, Dissected and Mounted by RUFUS B. WEAVER, A. M., M. D.

THE
HAHNEMANNIAN MONTHLY.

FEBRUARY, 1889.

A NEW PREPARATION OF THE NERVOUS SYSTEM.

BY A. R. THOMAS, M.D., PHILADELPHIA.

SINCE the revival of the study of anatomy by Andrew Vesalius (born in 1514, died in 1564), during the sixteenth century, many valuable and carefully prepared dissections have been made by different anatomists. From the plates accompanying the early anatomical works, as that of Spigelius, published in 1632, it is evident that the dissections of those early days were coarse, imperfect and unsatisfactory. None of the vessels being injected, it is difficult to distinguish veins, arteries or nerves one from the other. A little later, however, Swammerdam (born in 1637, died in 1680) devised the plan of injection of vessels. This at once gave a new impetus to dissection, and some of the specimens prepared by this anatomist are said to be still in existence, and are undoubtedly remarkable considering the time of their production.

The improvements in the microscope made about this time and its adaptation to the study of anatomy during the seventeenth century, led to increased interest in the pursuit of this science, and the many discoveries of Swammerdam, Loewenhoeck, Malpighi, Borelli and others, may be said to have *created* the science of histology, and to have done more for anatomy and physiology than the discoveries of any or all of their predecessors.

During the following century (the eighteenth), the methods of injecting and preserving specimens were improved, and many remarkable dissections made; among the most celebrated of which were those of John and William Hunter, those of the sympathetic nervous system, made by the latter, never before having been equalled, nor probably since excelled.

From improved methods of mounting and preserving wet specimens, the latter part of the present century has produced many new and beautiful specimens, while the models of Auzeaux, Boch, Stuegel and others, have, to a degree, superseded dried anatomical specimens in teaching anatomy, and have thus diminished the labors of the dissector.

The attention of dissectors in the past has been mainly devoted to special organs, the muscular and vascular systems, and to special surgical regions of the body. Careful dissections of different portions of the nervous system have been made from time to time, but any attempt to expose the entire cerebro-spinal nervous system in a single specimen, detached from all other parts, appears never before to have been made. The great labor and delicacy of the work required for making such a dissection with the difficulty of properly mounting for preservation when once completed, has apparently deterred anatomists in the past from attempting such a work.

To Dr. R. B. Weaver, Demonstrator of Anatomy in the Hahnemann Medical College of Philadelphia, has been reserved the honor and credit of overcoming all difficulties, and in having produced a specimen, the like of which has never before been seen.

The idea of this project had for several years been gradually shaping itself in Dr. Weaver's mind. From his acquaintance with anatomical collections in this country, supplemented by an examination of the more celebrated museums of Great Britain in the summer of 1887, he was well satisfied that no such specimen as he contemplated, had ever been made. He was at the same time fully impressed with the difficulties of accomplishing the work. Yet, guided by the experience of over twenty years in the dissecting-room, he considered the plan feasible and finally decided to make the attempt.

Accordingly, early in April of 1888, he selected a female subject about thirty-five years old, with moderate adipose development, and previously injected with chloride of zinc, and on the 9th of the month commenced his task.

Late in June the dissection was fully completed, and now the problem of properly mounting the same became one of great difficulty. After much study and experiment, however, this question was most successfully solved, and about the 15th of September, the specimen was finally and most satisfactorily completed. Thus over five months, with the exception of a two weeks' vacation, with from eight to ten

hours a day, were consumed in the dissecting and mounting of this specimen.

A reference to the photo-collotype plate inserted in this number of the journal will give a good idea of the appearance of the specimen. With the exception of the intercostal nerves, all the branches have been preserved to their terminal filaments. The impossibility of spreading the latter out on the board, or of giving them their natural curve over the spinal cord, led to their final sacrifice, although each had been dissected to its terminal filaments. The twelve pairs of cranial nerves have been carefully preserved and supported as nearly as possible in their natural position and relation by fine wires.

The difficulties to be overcome in the execution of this piece of dissection were numerous and perplexing. In the first place, as the several nerves were dissected, each had to be most carefully preserved from injury, and kept in a moist condition. This was effected by rolling each nerve first in thin gauze and then in a wad of cotton and keeping the same saturated in alcohol and covered by rubber cloth. The base of the skull had to be laboriously and carefully chipped away, piece by piece, the greatest care being required to prevent the injury of the nerves, or their detachment at the point of exit through the dura mater. Nearly two weeks were consumed in this work. The same painstaking care was necessitated in the chipping away of the vertebra and the removal of the cord with the attached nerves.

The removal of the skull left the dura mater entire and uninjured. It was now opened, the brain removed and the cavity filled with curled hair and carefully closed with stitches. The eyes were left attached to the optic nerves, the coats being distended with a hard injection.

While in the plate the nerves appear as if resting directly upon the board, in fact not a single nerve is in contact with the surface, each being supported by small pins at a distance of about one-fourth of an inch from the surface and to which they are tied by minute ligatures. Every nerve is perfectly clean and free from all extraneous tissues and smooth as threads of silk. The sheath of the spinal cord is laid open, showing the roots of all the nerves as well as their points of escape through the membranes.

In the experimental mounting of the specimen over 1800 pins were employed, of which as the nerves dried and became fixed in their position a great number were removed, those remaining being scarcely noticeable.

In conclusion, this dissection of the nervous system is a monument of enduring patience, unremitting care and manipulative skill never before excelled in the history of practical anatomy.

The preparation has been placed in a specially prepared case in the museum of the Hahnemannian College of Philadelphia, exposed to a good light, and will be shown with pleasure to visitors on any day and at all hours.

A STUDY OF APIS MELLIFICA.

BY M. W. VAN DENBURG, M.D., FORT EDWARD, N. Y.

History.—The poison of the honey-bee has been experienced by the human race from quite remote antiquity, while the treatment of results from the sting has probably demanded the attention of most physicians, from Galen, or anybody before his time, whom the historically-inclined medical man may choose to quote, down to the present. There are, geographically considered, but few countries in which its effects have not been manifested : and these few are not remarkable either in their past or present history for the extreme advancement of their native races.

Hence, whether we consider the rise of the knowledge of the effects of bee-poison, either in time or in space, we find it is practically universal.

But it was reserved for the school of Hahnemann to point out its possible usefulness in materia medica, and to demonstrate, both by experiment and inference, what might be expected of its therapeutic powers. Being the only school of medicine that has, or ever had, a consistent and universal working-principle, it is not strange that homœopathy should have early begun to interrogate the possible therapeutic value of *apis mellifica*.

Pathogenesis.—A large and useful pathogenesis is the result which, while it may not be, in all the particulars, as complete as is possible, is, nevertheless, reliable enough to make *apis* one of the most important and constantly-employed remedies. Even now, aged and historical medicine knows nothing about it ; “ Too old to learn.”

All persons are not equally susceptible to bee-poison. Cases are occasionally met, where the sting of the bee is dangerous to life, or where the consequences are sufficient to cause severe morbid phenomena. It is more than probable that such individual peculiarities, like the peculiar susceptibility of certain persons to the effects of

belladonna, resides in that inscrutable element we call personal idiosyncrasy, and has much to do with the rapidity or tardiness of the action of apis in certain cases. This term, idiosyncrasy, is only one of the many expressions we use to cover our ignorance of causes, whose effects only are to be seen.

The sources from which the symptoms of apis have been collected, are various. They are indicated in Allen's great work, and may be grouped for convenience under five heads:

First, those arising from the sting; these include fatal cases, and cases of extreme susceptibility. *Second*, provings of θ and of the virus; these are, for the most part, very satisfactory. *Third*, the provings of potencies, chiefly of the 30c.; some of these are, without doubt, good, though they need careful scrutiny to exclude fortuitous symptoms. *Fourth*, symptoms cured in patients; this class also is good, *where there have been many concurrent results*. *Fifth*, symptoms from the sting of the bumble-bee; not many of these have been admitted, and those that have, are not important as differing from the former classes.

The second, third and fourth classes should be the most reliable, and, doubtless, are so.

Hughes seems to think it has been fully demonstrated that the first class is also reliable; but the careful experimenter and observer must always regard them with suspicion. It is hardly consonant with experiments in other directions, that drugs should act in the same degree, if, indeed, in the same way, when introduced into the circulation directly from the tissues as when taken up by membranes whose surfaces are known to modify, by their vital action, many substances.

This point in apis is of first importance, since so many symptoms from the sting of the living bee have been admitted.

Preparation.—Many methods have been proposed for preparing bee-poison for use, and it is unfortunate that we have not yet arrived at a uniformity in experiment and practice.

Without doubt, it would be much better to use precisely the same preparation in practice that was used in the proving, with only the modification of potency.

But in apis we have so many preparations that confusion has arisen and authority is unsettled. The most common form now in use, is to macerate the angry live bees in five times their weight of pure alcohol. As I have indicated elsewhere, this is a doubtful method

for obtaining the pure virus. Again, triturations of the whole insect have been proposed and used.

The stinging of a plate and bell glass, as described by Farrington, is doubtful as to pure poison, as much excrement also would be mingled with it, in the case of well-fed bees. If they had become very hungry and thirsty, this might lessen the amount of foreign substances. The extraction of the stings and poison-sacks is too tedious and expensive a method to obtain apis in quantities, as is the stinging of a lump of sugar proposed by Hering. The last is also eminently unsatisfactory as regards the strength of the preparation.

The Virus.—The poison itself is a colorless fluid, heavier than alcohol, and only partially soluble in it, and nearly as heavy as water, and soluble in it; insoluble in glycerine, or glycerine and alcohol, only partially soluble in alcohol and chloroform, while it is readily dissolved in alcohol and sulphuric ether in the proportion of 3 parts of alcohol to 1 part of ether. The latter is, of course, an unstable fluid as to strength, and needs to be carefully corked. Had all our symptoms, or the most important of them, arisen only from the preparation from living bees in alcohol, this, which is not recommended as standard by the American Homœopathic Pharmacopœia, might be unhesitatingly adopted. As it now stands, a re-proving of this remedy in some preparation that shall be standard, is very desirable.

Potency.—The potencies employed by different practitioners vary with their prejudices, experience and customs. It has been used in both high and low potencies with success. Probably, in some diseases where it is clearly indicated, a wide range of potency would in any case be successful.

Nevertheless, the following hints are valuable, if not wholly harmonious:

Hughes says (*Pharmacodynamics*, p. 219, 5th edition, 1886): "The 3x is that which I always employ in acute œdema in all forms. In dropsies, Dr. Morey prefers the lower dilutions from the 3x downwards; in cutaneous affections, from 3x upwards; in irritation of the bladder, he says we ought never to go below the 6x. The most striking cures of ophthalmia have been with the higher dilutions. Dr. Wolf uses the 3x to 30x according to sensitiveness of the patient, and, in most acute affections advises its alternation with aconite to avoid excessive reaction."

Underwood (*Materia Medica of Differential Potency*, page 34) claims: "For the use of apis in the lower dilutions, the indications

are few, most of the cases of cures reported having been made with the higher attenuations.

“In the lower potencies, it would appear to be adapted to dropsy, albuminuria, or diseases of the kidneys with scanty urine, amenorrhœa, dysmenorrhœa, cutaneous affections, erysipelas and scarlatina.

“In the higher attenuations, it is curative in dropsies and kidney diseases, with excessive secretion of urine; in chronic hydrocephalus, acute hydrocephalus, cerebro-spinal meningitis, diarrhœa and typhoid fever.”

In diarrhœa of teething children, with the characteristic starting in sleep, thirst and restlessness, apis 3x has usually acted promptly in my own practice, as it has also, when employed in acute meningitis.

Special Indications.—If it should prove, on wide experiment, to hold true, as above intimated by Underwood, that scanty urine calls for low dilutions, while abundant urine indicates the higher, this will prove a most valuable guide, since it is an exceedingly simple and obvious symptom.

Alternates.—Alternation of remedies, while strongly opposed by some, is, however, widely used with much satisfaction, by others.

Hering says, in *Guiding Symptoms*: “Apis alternates well with iodine in swelling of the knee; sulphur in swollen eyes; hepar in urticaria; mercurius in ascites with peritonitis; lycopod. in staphylocoma.”

Apis also, as intimated already, alternates well with aconite in febrile cases, especially in the first stage of intra-cranial inflammation. In the second stage it acts well in alternation with helleborus; with bell. also in suppressed menses, from cold or ovaritis, and in coccygitis, where the 3x has always proved satisfactory in my practice.

Incompatibles.—It is incompatible with rhus tox., either preceding or following it. This is the only remedy, thus far known, to which it is inimical.

Cognates.—It is very closely allied in its action to ars., to rhus tox. and to bell., while less closely, it resembles apoc., caust., bry., canth., puls., sul., and thuya, and some others.

The more striking resemblances will be noted in their appropriate places.

Diseases.—The diseases in which apis becomes an important remedy, are numerous, and find their manifestation in all parts of the body, and in all the tissues except the bones and tendons. The brain and its meninges, the respiratory tract and circulation, the digestive

tract, the urinary tract, especially the genital organs and functions, the serous and synovial sacs, the muscular and connective tissues, the glands and skin, are all more or less affected by apis.

On all these it has its own peculiar action which may in general be denominated a mild inflammation with serous infiltration. But apis is not, by any means, restricted to diseases that are mild in their action. In meningitis and diphtheria, two of the most dreaded diseases of infancy, it is often a sovereign remedy.

In gangrenous erysipelas it is always to be consulted. But particular diseases can be noted and discussed in the physiological systems under which they arise, much more satisfactorily than by desultory mention.

Characteristics.—Characteristic indications for the use of apis are:

First. Serous exudation and an œdematous state of the tissues.

Second. Burning, stinging, shooting pains.

Third. Prostration of the vital forces, greater than the *apparent* severity of the disease would seem to warrant.

Fourth. Scanty and dark urine; or urine abundant and of light color.

Apis is seldom indicated where the majority of these symptoms are not present.

Exudations.—The first and most important may manifest itself as a serous exudation upon mucous or serous surfaces; for example, in the digestive tract in watery diarrhœa; on the serous membranes as hydrocephalus, hydrothorax, hydropericardium, or ascites; but the essential characteristic of watery transudation is strikingly present.

Pains.—The second is eminently characteristic of the poison when received from the sting, as is the first also, in the œdematous swelling that attends it. This peculiar pain is seldom entirely wanting at some stage of the disease. The painless diarrhœa and a few other conditions may be exceptions.

Prostration.—The prostration of apis is peculiar. There seems to be no warrant for it in the state of the patient. The anxiety, oppressed breathing, the sense of impending death, the utter weakness manifested by a constant desire to lie down, and the fluttering, feeble pulse, scarcely perceptible at the wrist, are alarming symptoms, and when such an onset has been sudden, apis presents a strong *similimum*.

Kidneys.—Attendant to a greater or less extent upon these, is a disturbance of the function of the kidneys. The urine is seldom normal in quantity or color, and it frequently contains albumen. It may be decreased, or almost suppressed, and the color in these cases

is always some dark hue. Sometimes it is burning, but not always; the odor may or may not be markedly strong.

An increase of the amount, and a lighter color are favorable symptoms following the administration of *apis*. Abundant urine, as a morbid symptom in *apis*, is generally present, not as the primary disease, but attendant upon some other abnormal state. If, however, the seat of irritation be in the renal organs, *apis* will prove an excellent remedy.

Facies.—If we consider attentively the effect of *apis* upon the nervous system and mental manifestations we shall find the *facies* of the patient expressive of anxious depression. It is pale, or pale red, to begin with, changing to a livid bluish-red farther on in the disease.

It is anxious and apprehensive, or, later in the disease, apathetic; either pitiful, or a sort of expressionless happy indifference. This last is apt to be the case in typhus and typhoid states.

In anasarca the face is pale and waxen, the eyelids and lips œdematous. Nerve force, vital energy, or by whatever term we choose to designate this manifestation, is much depressed. This leading symptom is of great importance in selecting *apis*. Both in this depression and in the anasarca the *apis facies* closely resembles arsenic. But there is this difference. *Apis* is anxious, apprehensive of approaching death, but does not fear death with that dread that belongs to arsenic. *Apis* is uneasy and restless, nervous and fidgety; arsenic is uncontrollably restless, tossing without a moment's cessation. *Apis* is often without thirst; arsenic seldom, if ever, fails to have unquenchable thirst. These points ought, in nearly every case, to sufficiently differentiate the two.

Joined with the depression of vital force, or rather consequent upon it, is awkwardness of the hands, a liability to drop things, while the mental force shows a similar lack of vigor in the confused head, want of power to apply the thoughts continuously, frequent changing of occupation, or an absent-minded indifference.

There is also depression in the emotional sphere. The *apis* patient is irritable, everything goes wrong, everything taxes his patience beyond endurance; or as a woman she may be tearful, despondent, and discouraged, in this respect a *pulsatilla* patient.

The sensations referable to the central nervous system are a tired, "gone to sleep" feeling in the brain; the head feels heavy and large, as if swollen. There is a peculiar vertigo, worse when lying (*mill.*) and when closing the eyes. (*Rhus tox.* has the last.)

Brain.—There is dull heavy pain over the whole head. This is

the premonitory stage of meningitis. Perhaps it might be called the incipient premonitory stage.

As it advances the pain becomes more severe, the patient more prostrated, the sleep restless, broken by sudden shrill screams, with as sudden cessation. These are, doubtless, the burning, shooting pains in the head. Farther on the patient grows stupid and soporous, but the sudden screams continue at intervals.

In the onset of meningitis the *apis* patient has less intense symptoms than the belladonna patient. There may be spasms of one side in *apis*; bell. is more liable to spasmodic seizures from touch or a current of air, has a redder face, and is more intense every way. Helleborus is a remedy when the torpid, unconscious stage has been reached. Aconite, like bell., is very intense, restless and apprehensive. Either one of the three may be used to reinforce or modify the action of *apis* at different stages. They are in no way incompatible with it, as may be demonstrated by repeated trial. Aconite is recommended in the first stage by Wolf. Bell., in the second stage, will often be found of advantage; while Helleborus, in the third stage, will commend itself without farther argument.

Hydrocephalus is a disease in which *apis* is commended. And it has strong recommendations in tubercular meningitis.

In brain and spinal diseases amenable to *apis* the sleep is broken and full of screams in the premonitory stages, restless with startings and screams farther on, and soporous at the last.

Fever.—The *febrile movement* of *apis* is characterized by chill in the afternoon, with or without thirst, and worse from warmth or a warm room. The last differentiates it from arsenic. Great prostration follows the chill. The heat is apt to be partial or in spots, other parts being cool or cold; especially true of the legs and feet. Here again a hot room is intolerable. During the heat there is intense headache, and generally continuous sleep. The pulse is full, rapid, and strong. The sweat is partial, or absent. In intermittents having these characteristics *apis* has been very useful. There is associated with the febrile movement more or less intense sleepiness and yawning.

Neuralgia.—The neuralgias of *apis* have the characteristic, additional to those already mentioned, of suddenly migrating from place to place. This characteristic belongs to four other remedies. *Actæa racemosa* has pains like electric shocks, now here, now there. *Kali bichromicum*, periodical, wandering pains. *Pulsatilla*, pains rapidly

shifting from one part to another. In *sanguinaria canadensis* the wandering pains are worse at night.

In respect to mental depression and character of pains *apis* seems most like puls.; but puls. pains are not so sharp or shooting, and there is more chilliness. Both dislike a warm room; puls., because it is so close, wants fresh air; *apis*, because it is so hot, wants cool air.

Special Senses.—On the organs of the *special senses* *apis* acts more because of the mucous membranes they contain, than the functions they perform. It affects the hearing but little, while upon the conjunctiva and parts associated with it, *apis* has a powerful action. It is useful in ophthalmia of strumous, rheumatic, catarrhal, or erysipelatous origin, provided there is œdematous swelling, burning, shooting, stinging pains, profuse lachrymation and great photophobia. The prostration and urinary symptoms are very often present also in *apis* cases.

Eyes.—The conjunctiva is more or less intensely inflamed, very red, often thickened, and œdematous; the least light cannot be endured, and provokes a profuse flow of tears, while the intense burning is relieved somewhat by cold water; unlike arsenic, which *apis* here closely resembles in many respects. The cornea also may be affected to such a degree as to have ulcers on its surface, in which case the pains and photophobia are intense. The grayish, smoky spots left by the ulcers on the surface of the cornea have often been removed by *apis*. Staphyloma corneæ is also said to be sometimes amenable to *apis*. The inflammation may also involve the sclerotic, but if that is the case it is an extension of what was primarily simple conjunctivitis.

Weak vision, the result of overstraining the eyes, especially at night, or looking closely at sorting similar objects, is often speedily helped by *apis*. *Ruta*, the eyes feel strained, from fine work. *Carbo veg.*, short-sighted, with floating black spots, from fine work. *Gels.*, short-sighted, sees double; also nat. mur.

Its effect upon the sense of taste will be noted under the digestive system.

Respiratory System.—Upon the *respiratory system* *apis* has but slight action compared to many other drugs.

In œdema glottidis, however, it is a remedy of the first importance, and has few rivals and no equal.

Throat.—In tonsillitis it gives place to baryta carb. or mur., to

hep. and to bell., except in those cases where œdema is a strong characteristic from the first.

When, however, we mention diphtheria, apis becomes at once a primal necessity. The form in which apis is most to be trusted is characterized by prostration greater than the severity of the case would seem to warrant; a tough, dirty-grayish membranous deposit; not much pain on swallowing, except in the ears. There is often present an œdematous infiltration of the tissues of the neck, showing more externally than within. The tendency of such cases is to heart failure in the extreme prostration. The change wrought by apis is often little short of miraculous. It seems to work well in the highest dilutions in such cases, although the 3x will also be found reliable. The recovery is rapid and the cure complete.

An erysipelatous form of sore throat that does not go on to exudation, characterized by a glossy, varnished appearance, bright red color, œdema, burning, itching and stinging, rising idiopathically, or as the result of a cold, may be speedily relieved by apis.

Lungs.—(Edema of the lungs has in apis its surest relief. This œdema is characterized by apis prostration and anxiety, with a sense of suffocation and constriction, or a "he does not see how he is to get another breath" feeling. Severe coughing relieves, when only a little is loosened and this must be swallowed, showing again the apis paralysis. During this oppression he can bear nothing about the neck; must sit erect, neither leaning forward or backward, and a warm close room is insufferable.

The apis *heart failure, per se*, is peculiar for interrupted and feeble breathing, pale face, utter prostration, during which he wishes to lie stretched out; a quick, small, feeble, soft pulse, indistinguishable at the wrist; for this the lower dilutions are recommended.

Cough.—The cough of apis is dry, ringing, worse after sleep, and ceases as soon as the least particle is loosened, which must be swallowed. It is apt, also, to be worse at night, and the irritation seems to be in the supra-sternal fossa. Attendant upon it is a great deal of apis nervousness and fidgety feeling, and often an inability to retain the urine. A number of other drugs have a similar symptom. In apis there is also considerable irritation of the urinary organs.

Alumina is much like apis in the morning cough, and difficult raising. But it arises from a sensation of loose skin hanging in the throat; has tearing pain, involuntary urine from weakness of bladder, and pains in the right temple and top of the head; it is especially

suited to old withered-looking people, while apis suits younger persons.

Antimonium crudum has frequent dry cough in the morning, shaking the whole body (chelidon.), with involuntary escape of copious urine.

Bryonia has a dry, shaking, stitching cough, during which the patient must sit up at once, and the urine escapes only in a few drops without sensation.

Causticum, cough dry and hollow, especially morning and night; with sensation of soreness and rawness in chest and throat, pain in the hip, and involuntary urine in drops, from a sense of weakness. Pulsatilla and causticum are very much alike in this dribbling on every effort, but puls. is much the worse, and is especially applicable to little girls.

Ferrum passes urine involuntarily in squirts, while coughing, as does also squilla. Both have a dry, teasing cough. The flushing of the ferrum patient is the best differentiating symptom, but even here squilla has changeable color of the face.

Natrum muriaticum and *zincum* are much like causticum and pulsatilla in the dribbling of urine with the cough, and with every sudden movement. Nat. m. has bursting pain in the forehead, beating as of hammers in the head, attending the cough, which has abundant sputa. Zincum patients feel like supporting the genitals with the hands during the cough, and cough all night, with dull pains (bry. sharp) in the chest.

It will be seen from the above that abundant escape of urine with cough calls for ant. c., ferr., or squil.; small amounts with great irritation of urinary organs for apis, also for natr. mur.; small amounts with weakness of organs allowing escape, also from walking, laughing, sneezing, etc., for caust., nat. m., puls. and zinc. When retching accompanies the dry spasmodic morning cough, kreosote is the remedy.

Heart.—In palpitation, so violent that it shakes the whole body, apis low, the 1x or 3x has been found very efficient. The usual result of the sting upon very susceptible persons is to greatly depress the heart's action, so that the pulse is almost gone at the wrist, and the heart is weak and beats very fast.

Pleura.—In the respiratory system the transudation of apis comes again to the front. Pleurisy, endocarditis, pericarditis with effusion of serum are within its sphere of action.

It is in subacute cases that apis is most useful. In acute cases,

spigelia will most frequently take the precedence in heart troubles; while in pleurisy, apis may yield a place to bryonia, arsenic, cantharis or digitalis as symptoms may indicate, the exudate being serous. When plastic, sulphur, hepar, rhus tox., each in its peculiar sphere, is more likely to succeed.

Bloodvessels.—Apis has been used with some success in diseases of the bloodvessels, as apoplexy, phlebitis and thrombosis. In these cases its beneficial effects seem to lie in its power to produce and cure effusions into the tissues, where its effects can be observed, and this is probably the case also in cerebral apoplexy.

Digestive System.—In the digestive tract and upon its functions apis has considerable effect, of a subacute kind. The tongue is dry and fiery red in some cases, in others thickly coated and slimy. In no case do the extreme manifestations of rhus t., or of ars. in dry, cracked tongue show themselves. Not unfrequently the taste is altered or destroyed; even water does not taste good (acon.).

The throat is sore and painful on swallowing, worse on the right side. There is complete anorexia, and this may be accompanied by nausea, prostration, vomiting of ingesta or mucus.

Sometimes a soreness or tenderness to touch, develops over the pit of the stomach, with burning and evidence of inflammatory action. When erysipelas of the stomach is suspected from the history of the case, apis will be found useful in many cases.

Abdomen.—In the abdomen a tender, bruised, sore feeling, such as instinctively prevents straining at stool, is quite characteristic. This is apt to be the case in those diarrhoeas where apis is most useful. The stool will generally be painless watery, yellowish and mixed with more or less slime.

It is apt to occur in the morning (sulph., rumex), though by no means exclusively so. There is a painless diarrhoea of prostration in which apis is a great remedy, in which there is involuntary stool at every motion of the body, as if the anus stood open (phos.). Secale has this with a desire to uncover. In phosphorus it partakes more of the nature of dysentery than diarrhoea. In apis, phosphorus, secale and sulphur, we have the painless diarrhoea with prostration; in phosphoric acid the same without prostration. Paralysis of the sphincter is strongly marked in the first three.

Occasionally apis acts well in dysentery also, but is generally associated with the bruised feeling, as if it would hurt to strain, or something would give way in the bowels.

The prostration of *apis* is always present in these cases and goes on increasing with the progress of the disease.

Anus.—Small protruding varices, with *apis* pains, and a feeling as if the anus was stuffed full, throbbing and burning, are said to have been relieved by *apis*.

Liver, etc.—*Apis* has little or no specific action on the liver and spleen. Not so with regard to the kidneys.

Urinary System.—Upon the entire urinary tract it has a very marked effect, as has already been stated, under leading characteristics. There are many cases on record of undoubted benefit in genuine nephritis. It is probable that here, as elsewhere, the disease pertains more to the mucous surface than the interstitial tissues, and clinical reports of its beneficial use, many more of which ought to be made, seem to show that tubular casts and epithelial desquamation of the pelvis of the kidney come within its curative range. The inflammatory action extends also to the bladder; the vesical region is exceedingly painful, there is frequent desire to urinate day and night, with tenesmus during and after urination. *Apis* seems to be indicated in both stages of the inflammatory cycle, in the stage of heightened functional activity, where the urine is abundant and clear, and further on, where the congested surface, no longer capable of doing full work, throws out scanty and dark urine, surcharged with excrementitious materials. The color of this urine is best summed up in the word *dark*; it may be coffee color, reddish, greenish or violet.

In retention from partial paralysis, as shown by the urine "starting slowly, must press a long time before it begins to flow;" or the incontinence already mentioned under cough, we have a state amenable to *apis*. It is chiefly through the urinary tract that *apis* acts to remove the morbid accumulations of dropsical and anasarcaous accumulations, but at the same time it establishes a healthful state of the tissues themselves, preventing exudations from continuing.

Genital System.—Upon the genital system its chief benefit is shown in erysipelatous or dropsical states, again closely resembling *ars. alb.*, being only less intense and poisonous than that remedy.

Upon the female genital system *apis* has a very characteristic effect, one easily produced, and frequently occurring in practice. It has ovaritis, such as is apt to occur from suppression of the menses from cold, getting the feet wet and the like. The inflammatory movement runs high. There is great local tenderness and soreness, both of ovaries and uterus, with sharp, stinging, cutting pains, high fever,

depression, scanty urine and much distress. The effort to re-establish or begin the menstrual flow may only result in the discharge of a little slimy blood. The right ovary seems to be the most affected. The action of apis seems to be heightened by alternation with bellad. to such an extent that the two remedies frequently alternated in the 3x potency, rarely fail to establish the menstrual flow, though sometimes it will be accompanied by very strong symptoms of acute congestion.

In chronic diseases of the right ovary, apis has been used successfully to check the growth of tumors, and even for their removal. In this it is comparable with graphites.

Pregnancy.—Apis is an unsafe remedy in pregnancy especially for those prone to abort in the first months, unless it is used high and with care.

When during the premonitory stage of labor the pains seem to extend down the thighs from the ovaries, with apis pains and urinary symptoms, very prompt relief may be expected from the use of apis.

In the dropsy of pregnancy, especially of the feet and ankles, apis is a prime remedy, prompt, safe and reliable, if there be a concomitance of other symptoms.

In that very painful complication of the parturient, inflammation of the mammæ, with pale-red streaks, burning, stinging pains and great tenderness, always bear apis in mind, and if great prostration and nervousness are present, it will prove a boon. Here again infiltration is the key-note.

In erysipelas of the umbilicus in the new-born, apis divides honors with arsenic.

Muscular System.—Upon the general system, the muscles, tendons, and general tissues, enough has already been said to point the road. In all puffy, anasarous states arising from erysipelas and rheumatism, with pink or livid and pale color, whatever be the seat, in all engorged states of mucous-covered parts, apis is first and foremost.

There are some muscular soreness and tenderness, but the chief effect visible in the muscular system, outside of anasarca, is the paralytic condition dependent upon the nervous system as already mentioned.

It would be wrong, however, to omit in this connection one point strictly belonging here, though it has been already mentioned; that is, an inflammatory state of the coccygeal muscles, and probably of the joint also. In this, apis is almost specific. Given alone or in alternation with bell., in the 3x, once or twice, or three or four times

a day, it has seldom failed to act promptly and thoroughly. Sometimes it is necessary by cushions or other means to relieve the irritation caused by sitting upon the inflamed member.

Skin.—Upon the skin, the action of apis is chiefly restricted to cases of urticaria with large wheals like bee-stings, and eruptive diseases that are slow in their development, measles, scarlatina and small-pox.

The best antidote to the general results of bee-stings is common table salt. To potencies, ipecac. is said to be the best antidote.

For the extreme depression that in some cases follows the sting, belladonna seems to have been a good remedy, when there is much redness; opium or brandy when there is great prostration of vital force.

Women and children of light complexion, strumous diathesis, nervous temperament, seem best suited to the action of apis.

AN ARTIFICIAL MEMBRANA TYMPANI.

BY CHARLES M. THOMAS, M.D., PHILADELPHIA.

(Read before the Philadelphia County Homœopathic Medical Society.)

SINCE Yearsley's experiments with the cotton pellet, more than forty years ago, either this or some form of artificial drumhead has been employed by aurists, with varying satisfaction, for the purpose of increasing the hearing power in those cases of chronic suppuration of the middle ear which have left a defect in the drumhead and a more or less pronounced disturbance of the vibratory apparatus of the middle ear.

From time to time various measures have been brought forward with the idea of improving or supplanting this simple contrivance, but up to the present nothing has been found which will aid the hearing in so large a proportion of such cases as the cotton pellet.

About thirty years ago Toynbee proposed and used a disc of India-rubber tissue, which was attached to the end of a delicate silver wire and pushed down to the opening in the drumhead, or against the hammer handle; by this means he occasionally secured an improvement in hearing when the cotton failed.

This apparatus has been modified in construction and material by Hartmann, Gruber, Politzer, Turnbull, Blake, and others, but without materially increasing its efficacy.

The last-named gentleman has recommended the application to the perforation of small discs cut from sized paper, and claims that not only do they frequently improve the hearing, but that they, in cases of perforation of not too long standing, while protecting the parts, stimulate the edges of the perforation to new growth, and then tend to effect its closure. L. Turnbull has used pieces of adhesive plaster after the same manner with some success.

The advantage of the artificial drumhead as a *protector* to the exposed drum cavity was fully appreciated and stated by Yearsley, but its application in this direction, it seems to me, has never received the attention it deserves. Indeed, of late I have cause to look upon its *protective* functions as quite co-equal with its value as an aid to impaired hearing, and of much more general applicability.

That the disposition of a cured otorrhœa to recur is very commonly due to the exposure of the delicate tympanic mucous membrane to changes of temperature, external irritants, etc., is a fact well known to all of us; and one frequently finds that patients uninstructed will learn from experience that, by wearing a dossil of cotton at the meatus auditorius, they materially reduce the frequency of attacks.

The main obstacle to the more general use of such a protector lies probably in the difficulty of finding a substance which will accomplish this end, and at the same time not undergo rapid decomposition in itself, set up irritation in the parts with which it lies in contact (and so permit of its prolonged use without removal), and finally either improve, or at least not materially reduce, the already impaired hearing power.

The cotton pellet, and Toynbee disc with its modifications, while in many cases acting well as hearing aids, too frequently irritate the remains of the drumhead or the cavity, and when there is extensive loss of the membrane are apt to re-establish the suppurative process in the drum cavity to such a degree as to necessitate their frequent change, and at times a prolonged interruption in their use.

Some three years ago I was asked by a gentleman with chronic perforation to remove and replace a rubber disc which, though invaluable to him as a hearing aid, he could never wear for more than a few days without setting up discharge. Having mislaid my rubber sheeting, the idea occurred to me of substituting for it a disc cut from fine oil-silk, such as is used in Listerian surgical dressings as a wound protective.

After thoroughly cleansing and drying the drum cavity, a circular

piece was cut from this material and accurately fitted over the edges of the remnant of *membrani tympani*, and so adjusted as to press, by its elasticity at its depressed centre, lightly upon the hammer handle. The improvement to hearing was most satisfactory, and the new membrane, much to my surprise, was, at the end of three months, still effective, and causing not the slightest irritation.

Upon removing it I could find no change whatever in its appearance, except a slight loss in the lustre of its inner surface.

Since that time I have frequently made use of this form of artificial drumhead, and with uniformly satisfactory results, except occasionally, when the hearing is so much more improved by the *cotton* drum as to demand the use of the latter in spite of the disadvantages attending its employment.

In one case the oil-silk membrane was worn without change, and with marked benefit to the hearing, for nearly eighteen months.

As a striking example of the aid which such a covering will at times give us in the treatment of stubborn and recurrent otorrhœa, I would mention the case of a young girl in whom, through a period of six years of almost continuous treatment, I had never been able to stop the discharge for more than a fortnight. By means of the oil-silk disc carefully adjusted, in the absence of discharge, a recurrence is now avoided for periods of six to twelve weeks, and is usually checked in a very few days. The hearing in this case is very decidedly benefited.

Through the teaching of this and similar cases I am now almost inclined to look upon the treatment of most cases of chronic otorrhœa with perforations as incomplete without the final adjustment of the silk protecting drumhead.

When the disc is cut from the finest quality of oil-silk, and the light reflex from its outer surface lies about its centre, it at times requires a careful inspection to distinguish this artificial membrane from the natural one.

The advantages I have found this membrane to possess are that:

1st. It can be made to thoroughly protect an exposed drum cavity from external influences.

2d. In not a small proportion of cases it is superior to the cotton pellet as a hearing aid.

3d. It is comparatively unirritating, and less likely than any other form to re-establish, through its presence, an old discharge.

4th. It can be used as effectively in small as in large perforations.

5th. In a large percentage of cases it requires but infrequent removal.

Its only disadvantage, as far as I have determined, lies in the fact that the patient cannot insert and remove it himself.

PARTIAL LACERATIONS OF THE INTERNAL OS UTERI AND CERVIX, AND THEIR REPAIR.

BY E. H. PRATT, A.M., M.D., LL.D., CHICAGO, ILL.

EVERYBODY who is familiar with the changes which the uterine cervix undergoes during the period of gestation, and who has officiated at the birth of children, even though he may have forgotten what text-books say on the subject, must be satisfied from repeated observation, that the internal os is composed of circular fibres which have nothing to do with the cervix, but which constitute the lower part of the body of the uterus. This constricting opening is the *bête noir* of obstetrical practice in *primiparæ*; too often, it tears instead of relaxes to permit delivery of the child.

Frequently, the cervix is also ruptured, oftentimes healing by immediate union or by granulation, or not at all, as the case may be. Cervical lacerations proper, or those below the internal os, are readily recognized, easily repaired (when still gaping), and are a frequent cause of pathological conditions of the cervix, as cervical endometritis, cervical hyperplasia, cystic degeneration of the cervix, etc. The repair of such lacerations is easy of accomplishment, and satisfactory in its results. There is little cicatricial tissue to remove, and the most that is required is to properly denude the torn surfaces and stitch them together. Cases presenting these lacerations, are usually conscious of local disorder in the shape of leucorrhœa, backache, dragging sensations through the hips; and so on.

Gynæcological literature abounds in splendid descriptions and illustrations of such cases, and the operative procedures indicated; they need very little farther elucidation at present. But lacerations of the internal os and lacerations of the cervix, which do not involve its entire thickness, it appears to me, will bear, and in the coming years will receive, still further consideration.

The internal os is the last gateway to the chamber which has cradled the race. It is where the neck joins the body of the organ. It is the point at which all flexions take place; it is the great blood,

lymphatic, and nerve centre of the female sexual apparatus. Its condition of tension or relaxation, of health or disease, influences the entire female sexual tonicity, and through this the general bodily welfare.

The study of orificial surgery and its application to the cure of chronic diseases, is a study of reflexes, and the internal os plays no unimportant part in this study.

Metastatic irritation in the cerebro-spinal nervous system can develop tetanus or insanity, or other general or central trouble from injuries to terminal nerve-fibres.

In the sympathetic nervous system, the same liberty of fluctuation can induce every variety of organic and general and particular disorder from any of the forms of orificial irritation.

Lacerations of the internal os do their full share of reflex mischief. Rectal congestions, bowel and stomach complaints, kidney and liver disorders, lung and heart irregularities, brain and spinal affections, all kinds of circulatory and nervous troubles, may, at times, be induced by irritation of the internal os uteri, and orificial handling does not achieve its possibilities in the relief of human distress when the question of laceration of this constriction of the uterine cavity is denied its share of consideration.

In cases of metastatic irritation, in either nervous system, or in other language, in cases of reflex-irritation, the offending spot is seldom conspicuously at fault. Congestions and inflammations and severe local irritations have a circumscribed area of distress while their intensity lingers, but when they begin to complain in the language of reflexes, they display such a minimum of pathological appearance, as to be readily overlooked and misunderstood.

This statement is true of all orificial pathology, including the condition under consideration.

There are, then, two very good reasons why lacerations of the inner part of the cervical canal and of the internal os should be overlooked, and should fail to receive the attention due them, as sources of sympathetic nerve waste, viz., their obscure position (being well hidden from superficial observation) and their quite respectable appearance, the part involved being oftener atrophied and apparently quite normal rather than conspicuously in disorder.

Both the diagnosis and treatment of such cases is somewhat difficult, but exceedingly important, as the removal of cicatricial plugs in the neighborhood of the internal os does unlimited service in the

relief of human suffering. As in lacerations of the cervix proper, the wound may be entirely or only partially healed, in the former case usually causing more or less stenosis, in the latter case more or less completely obliterating all constrictions at the location of the internal os.

Under no circumstances is a laceration of the internal os or cervix deserving of surgical attention, unless occasioning evident nerve waste. Rectal disorders, if they exist, should first be corrected; the vulva should first be smoothed, if rough; the clitoris freed, if phimosed; the urethra trimmed, if caruncled; and the operation for uterine lacerations postponed until by a process of exclusion, as well as by direct evidence, they are demonstrated to be positive hindrances to the recovery of the patient.

The history of the case, the sense of touch with and without the presence of the sound in the uterus, best employed just before or just after menstruation, if the function is still maintained, will determine the presence of cicatricial substance, if it exists, although sometimes it is a delicate condition to diagnose. It may be well to remark, in passing, that lacerations are often many years in undermining a nervous system, and the head has an ample opportunity to grow gray and the face to get furrowed, before they occasion sufficient trouble to demand attention. If they intend to be troublesome, they usually succeed in doing so in the course of a few months or years; but the monthly relaxation and softening occasioned by the menstrual habit, often defers impending harm, until the uninterrupted period of contraction offered by the menopause is inaugurated.

If this statement surprises anybody, it will be an easy task to give ample evidence of its truth.

In operating for the removal of the cicatricial plug the vagina is to be douched, the patient placed upon the back and brought to the end of the operating-table and the thighs flexed at a little more than right angles to the body.

A broad-bladed Sims's speculum nicely retracts the perineum, and may be held by an assistant while a retractor is made to lift the anterior vaginal wall; a vulsellum now steadies the cervix while a stout braided silk thread is passed through the anterior margin of the external os and another through the posterior margin.

The threads are useful in steadying the uterus during the operation. Although practiced by many good operators, it seems unnecessary to induce complete procidentia and operate without a speculum.

Sims's speculum and a good retractor furnish ample space for good work.

After thorough dilatation with graded sounds, the scar or scars—as the case may be—are now to be carefully dissected out and the operation is not well accomplished until the cicatricial tissue is entirely removed. The wound is necessarily a deep one, as the offending part is invariably in the class of cases under consideration at the internal os. It is a fine piece of hand-work to dissect out the offending plug without sacrificing normal cervical and uterine tissue, without encountering excessive and perhaps dangerous hæmorrhage, without destroying so much mucous membrane as to produce subsequent occlusion of the cervix; in short to remove the plug, the whole plug, and nothing but the plug.

It is easy to understand why operators frequently do more harm than good, and, failing to obtain hoped-for results, denounce the procedure as a delusion and a snare. Perhaps they were accustomed to drag the uterus down and out for their convenience, and subsequent weakness of the uterine supports makes them regret the step. Perhaps in removing the plug in cases where it occupies but half the thickness of the cervix they cut entirely through the full thickness of the cervix, removing healthy as well as pathological tissue, in which case they are in this dilemma; if the wound be made deep enough to remove the entire scar it will sever what has frequently and very properly been called the circular artery, and occasion such desperate hæmorrhage as to endanger the life of the patient, and they may even wound the peritoneum; and yet if it be not made so deep, the operation will fail in its purpose, because it fails to remove the offending part of the plug. Perhaps if the operation be well performed they do not subsequently properly finish their work by securing dilatation and smoothness of the cervical canal and the internal os—before the case is discharged. The doctor who subsequently repudiates his work because its results disappoint him is certainly honest, and he had better stop operating or improve his methods. He is not, however, privileged to consider the operation a failure with everybody simply because it has been so with him.

In the deeper part of the wound when the plug is a thick one, it is often desirable to tunnel it to its point and subsequently to carefully dissect away the veneering of cicatricial tissue in order to avoid the danger of hæmorrhage and destruction of normal tissue mentioned above. A little experience will soon enable the operator to distinguish

cicatricial from uterine tissue by the sensations conveyed to him by his scissors.

The stitches should nicely coapt the wounded surfaces, and may be of silk or juniper catgut or silkworm gut, or of silver, the latter being preferred by the writer; after twisting the wire and cutting it so as to leave one-half or three-fourths of an inch of the twist, a good way to secure the ends is to simply curl each one separately.

The vagina is now to be well douched, the uterus carefully pushed into position and the patient placed in bed; a compress of hamamelis extract and water, equal parts (cold), to be kept over the region of the bladder three or four days. Medicine is seldom required; further douchings are unnecessary until after the stitches are removed, unless the presence of a discharge makes it necessary for purposes of cleanliness.

The patient may turn in bed occasionally, although the quieter she keeps, especially for the first forty-eight hours, the better. Smoothing and dilatation of the canal will probably be needed in from one to three months after the operation, the proper time being indicated by cessation of improvement in the patient or by a partial return of the reflex condition for which the operation was undertaken. Metritis, cellulitis, pain and fever, rarely occur, and when they do, are probably due to a lack of cleanliness during the operation.

The operation is not dangerous to life, and, when properly performed upon well-selected cases, is marvellously happy in its results.

The stitches may be removed in eight or nine days, and in removing them the last ones to be taken away should be the two at the very extremity of the cervix. The patient may begin sitting up in a day or so after their removal, and a week later can be permitted the freedom of a walk in the open air.

The action of this operation not only upon reflected troubles of the abdominal, thoracic and cranial cavities and their various spheres of influence, and upon both bladder and rectal troubles, but also upon uterine flexions and ovarian irritation, is too extensive a topic for the scope of the present article, but somebody at some time will undoubtedly do the subject full justice.

In the meantime, while obstetricians permit lacerations to occur, orificialists will repair them whenever they are ascertained to be sources of sympathetic nerve waste.

RELATION OF URINARY ANALYSIS TO PROGNOSIS; WITH ESPECIAL REFERENCE TO THE SIGNIFICANCE OF UREA.

BY CLIFFORD MITCHELL, M.D., CHICAGO.

As time advances, the significance of low urea figures in analysis of urine is better and better understood. I offer an account of several cases in which death soon followed, when the amount of urea became low, and others in which a low figure of urea merely produced certain uncomfortable, but not dangerous, symptoms in the patient. Reflection on the facts established should be made by the pathologist and the correlation of urea and albumin considered.

CASE I.—Female, who *up to the menopause* had never had what she called “a sick day” in her life. Soon, however, she began to complain of debility and of some pain in the back. I examined the urine and found albumin quite noticeable—one-third of 1 per cent. by weight. Advised collection of twenty-four hours’ urine. Obtaining it, found quantity about normal; 1200 c.c.; sp. gr. 1014; total solids 33½ grammes. Total urea but 10½ grammes. Albumin about one-third of 1 per cent. Sediment contained blood corpuscles, and with much trouble I found a tube cast or two. Made up my mind that it was a case of chronic hæmorrhagic nephritis of insidious origin, and by virtue of the low urea *and* albumin *and* casts gave unfavorable prognosis. Heard nothing more from case for some weeks, when another specimen came under my observation. Now tube casts were plenty. Quantity of urine was 1140 c.c.; gravity 1010; solids 22 grammes; urea only 8 grammes.

After this the patient was much worse, and I made a number of estimations of solids and urea, which are shown in the following table, death taking place in twenty-four hours after the last estimation of this table.

Estimation.	Total urine of 24 hours.	Total solids.	Total urea.
Third, . . .	1170 c.c.,	23 grammes,	9 grammes.
Fourth, . . .	1050 c.c.,	20 “	7½ “
Fifth, . . .	...	..	7½ “
Sixth, . . .	840 c.c.,	16 “	7.4 “
Seventh, . . .	870 c.c.,	..	8.0 “
Eighth, . . .	600 c.c.,	..	5.75 “

Death in twenty-four hours after urea reached 5½ grammes in the twenty-four hours’ urine.

Now death took place from uræmia, and for some days previous

to death the blood in the urine grew less and less, and the albumin grew less. (See Gouveneur M. Smith, *Med. Record*, 1886.)

CASE II.—This case was one of a woman who had miscarried. She became very dropsical, and the question arose as to how soon death would take place, and whether from uræmia, effusion, or exhaustion. The estimates of urea showed much higher figures than in Case I. But the strength of the patient was great, and in due time uræmia closed the scene, though the decrease in urea was very gradual, as the table below will show :

Chronic parenchymatous nephritis.

Examination.	Total urine 24 hours.	Total solids.	Total urea.	Albu- min.
First, . . .	708 c.c.,	40 grammes,	22 grammes,	Heavy.
Second, . . .	604 c.c.,	36 "	18 "	"
Third, . . .	738 c.c.,	35 "	22 "	0.4 p. ct.
Fourth, . . .	722 c.c.,	41 "	21.8 "	...
Fifth, . . .	795 c.c.,	44 "	23.4 "	...
Sixth, . . .	678 c.c.,	38 "	19.0 "	...
Seventh, . . .	649 c.c.,	36 "	20.0 "	...
Eighth, . . .	640 c.c.,	35 "	20.0 "	...
Ninth, . . .	590 c.c.,	27 "	15.0 "	...
Tenth, . . .	295 c.c.,	10 "	10.0 "	...
Eleventh, . . .	540 c.c.,	26 "	18.0 "	0.33 p. ct.
Twelfth, . . .	590 c.c.,	26 "	14.0 "	...
Thirteenth, . . .	...	.. "	11.0 "	...
Fourteenth, . . .	...	.. "	10.8 "	...
Fifteenth, . . .	...	.. "	8.2 "	...
Sixteenth, . . .	...	.. "	8.9 "	...
Seventeenth, . . .	...	.. "	7.0 "	...
Eighteenth, . . .	...	.. "	6.7 "	...

Tube casts were abundant in this urine from the very first, and at times jagged uric acid crystals were noticeable in the sediment. The quantity of albumin grew less as the case advanced. Between the ninth and tenth observation, when the urea dropped from 10 to 15 grammes, the condition of the patient grew very critical, but later she rallied, and the urea rose to 18 grammes.

CASE III.—This patient was also a woman, and symptoms of kidney trouble came on after delivery. Total quantity of urine was only 295 c.c.; total solids were but 19 grammes, and total urea but 11 grammes. Albumin was abundant, $\frac{1}{10}$ of 1 per cent. But there were absolutely no tube casts to be found. I gave guarded opinion, and awaited collection of another specimen. Next specimen was about the same in chemical features as the preceding, but the urine was now full of pus corpuscles, and no casts were

visible, and albumen much less. Gave diagnosis of acute pyelitis, and ventured opinion that if uræmic accidents could be avoided that patient would recover. Recent examination of the urine shows all signs of kidney trouble to have disappeared. Recovery.

CASE IV.—Young girl with history of chorea. Collections of urine showed decreased quantity of urine and solids. Urea was sometimes as low as 14 grammes in twenty-four hours. No casts and no albumin. When, after treatment by Dr. N. B. Delamater, the urine was increased in quantity and the urea rose, the chorea became noticeably less troublesome.

CASE V.—Delicate young lady who was tormented by occipital headache, and had become very much debilitated. Collections of urine showed remarkable decrease in twenty-four hours' urea. On one occasion I measured the twenty-four hours' urine, and found it but 270 c.c. *The urea in this specimen was but 7 grammes.* This case, also treated by Dr. Delamater, yielded to lithium benzoate, and as the quantity of urine and amount of urea increased the improvement in the patient was remarkable.

In a number of other cases in which I have been in consultation with Dr. Delamater, much relief was experienced when the twenty-four hours' urine and urea increased. Two recent cases of my own have been of the same kind.

My conclusions are in general as follows:

1. That, when in the course of well established chronic nephritis the urea sinks to ten grammes daily, the condition is serious.

2. When in chronic nephritis the amount of urea sinks to seven grammes or lower, that convulsions will soon appear unless relief is afforded.

3. When nephritis is not clearly present, even if urea is low and solids low but tube casts and general kidney symptoms are wanting, even with a tolerably good showing of albumin, too much reliance should not be placed on a low urea figure in giving prognosis. (Case 3.)

4. When albumin and tube casts are entirely wanting and the patient does not exhibit well-defined symptoms of renal disease, a very low figure of urea may be met with and yet nothing serious come of it.

5. Seven grammes of urea in twenty-four hours would cause us much anxiety in a well-recognized renal disease, but in certain conditions to which the general term *anuria* may be given, even as low

a figure as 7 grammes may be but of temporary significance, and unassociated with uræmic accidents, if proper treatment is given.

6. That my observations, especially if confirmed by the experience of others, go to show that urea is not poisonous *per se*. Else why do not more serious conditions obtain in *all* cases where the urea sinks to so low a figure, stays there for a considerable period of time, and is not referable to a hysterical condition?

7. Our thoughts are directed toward *special poisons* generated in the course of diseases of the kidney parenchyma.

THE USE OF ADJUVANTS BY HOMŒOPATHIC PHYSICIANS.

BY E. M. HOWARD, M.D., CAMDEN, N. J.

(Read before the Philadelphia County Homœopathic Medical Society.)

ACCORDING to the dictionaries, an adjuvant is a medicine that helps or assists the action of other remedies.

In a strict sense, it is doubtful if there is any medicine which really is capable of helping the action of any other drug, except in so far as it may be used to improve its pharmaceutical preparation. It is true that by different combinations of drugs, it is possible to make more prominent certain physiological effects, and to materially lessen others, but each medicine has its own specific sphere of action, which no other medicine can aid or increase. The administration of any other can only diminish and never augment its effect. It will diminish the first effect by just as much as it has the power to antidote it.

By an adjuvant, however, physicians generally understand those things outside of the prescribed drug or indicated remedy, which may be done for the comfort of the sick, or to produce conditions favorable to either the action of a drug, or of the *vis medicatrix naturæ*.

He would, indeed, be a strange physician who would assert that his duty was ended when he had prescribed the needed remedy.

Unquestionably, all that great field of medicine, included under the general term, sanitary science, is a series of regulations, which belongs to a class of adjuvants which all physicians, of all schools, and none more than the homœopaths, must and do continually call to their aid, for the benefit of their patients. Such measures conserve and augment the vital energies of the sick, and thus permit the drug

to exert its curative effects; none have pointed out their necessity more forcibly than Habnemann.—See *Organon*, p. 176, § 259–261.

It is an old truth, oftentimes repeated, but seemingly needing frequent enunciation, that homœopathy is not all of medicine. Its law of cure has elevated therapeutics from an art to a science. It has formed a basis, upon which, inevitably, must be erected the medical therapeutics of the future. Its truth must ultimately be accepted by all students of nature, because it is truth, and is eternal.

But it is not the only truth in medicine. It does not even point out the only way a sick person may be cured. For example, it is possible to cure dropsical conditions by the use of drugs which act physiologically or mechanically upon the kidneys and bowels, provided nature's great forces have vitality enough to come to the rescue; but, though such a diseased person may recover, it is only after great risk and fearful expenditure of vital energy; so that, while we may not claim that homœopathy points out the only way by which sick people may be cured by drug action, it is still true it does lead to the safest and quickest way, and must, therefore, be ultimately accepted.

But wonderful as this law is, it does not cover everything. The fact is, it is applicable to but a very small part of the great field of medicine. Our opponents have been quicker to see this than some of our own number, and hence they have been very anxious to pin us down to the idea that all medicine is covered by our law, if it be true at all, keep us there, and they know that we are doomed as a school.

Whenever we use a drug or measure which is manifestly outside of the law of similars, immediately do they raise the cry: "False to your principles, you are not honest, you do not believe in your boasted law, you are quacks." And lo! too often there comes an echo from another quarter, from those who have blindly accepted the same limitations, "and some from our own household" raise the cry of mongrel, and so, unfortunately, is our precious science fettered and its progress hindered.

Reason enough, then, that we keep continually before us the idea, and that we reiterate again and again the fact that the homœopathic law does not apply to all that comes within the province of the physician, and that it is applicable only to that small part of his duties covered by therapeutics in its narrowest sense, that, while in its own realm it reigns supreme, beyond those limits it has no power nor use.

Let us then consider briefly those great fields of medicine which are outside of the province of the law of similars.

First, that immense realm calling for the application of mechanical laws.

In the vast field of surgery we see a part only of this great subject, but we have in recognized surgical procedures a class of adjuvants, concerning which there can be no disagreement. It is true, there are points of contact, conditions on the border line, which experience, the great criterion, has not yet accurately differentiated, and concerning which there is ample room for honest differences of opinion, yet the great mass of surgical procedures are recognized as necessary adjuvants to the cure of the sick.

Why should we not equally recognize the whole wide range of mechanical laws, and extend their applicability?

Let me illustrate: Suppose we have a case, as I had the other day, of spasms in a child four years of age, whose bowels were stuffed with undigested raw chestnuts? Do I cease to be a homœopath, and am I false to my beliefs, if I give, as I did, a dose of castor oil, and thus mechanically empty the bowel of its foreign matters?

Would I not, in fact, be culpable as a physician, if I did not bring to my aid such a mechanical procedure, and thus place my patient in the proper condition for the curative action of some drug? (No after-treatment was needed in this case.)

The field of practical medicine, outside of surgery, calling for the application of mechanical principles, is a vast one. It is occupied by the homœopathists. There may be room for honest discussion as to their use in individual cases, but there is no doubt as to the right and duty of physicians of every school to make use of such procedures.

Such questions must largely be left to the discretion, experience and conscience of the physician most interested.

There is another department of medicine which is governed by chemical laws. There has not been much controversy here. No physician is considered any less a disciple of Hahnemann because he applies the proper antidote in poisoning cases, or makes use of his chemical knowledge in the pre-digestion of foods. Again, the general principle obtains, and chemical laws are as much the servants of the physician as is the therapeutic law of similars. The only place where discussion is possible, is as to their relative applicability to individual cases.

But, last of all, we come to that great debatable ground, the subject of palliative medicine.

In answer to the question, as to whether it is ever allowable that a homœopathic physician should resort to purely palliative measures, we should receive a very emphatic "no" from a very respectable number of practitioners, and the answer would be backed by very numerous quotations from the writings of Hahnemann.

And yet, is there among such one who does not use some sort of palliative measures? I have never heard of the man who would not use hot or cold applications, if relief were found in that way. And yet the fact that such simple things are not considered as curative, is evidenced by the administration of the indicated remedy at the same time.

Once admit that there are cases where palliatives, however simple, are admissible, and we open the whole question to debate and place upon the individual practitioner the responsibility of deciding, in any given case, what his duty and the best interests of his patient are.

I question whether there are many physicians who would deny a patient suffering from a malignant disease in its last stages, the relief which can only come from opiates. If there be such a man, I am sure he has never had to witness the sufferings of a woman dying from cancer of the cervix.

The use of anæsthetics, whose necessity is everywhere conceded, is an example of the use of palliatives in a way that no one would deem incompatible with a belief in the great law of similars.

The discussion of the use of adjuvants is therefore narrowed down to special measures of relief, the desirability of which must be decided upon in reference to particular cases. The whole field is open to us. What and where are its limitations? Here is room for honest difference of opinion for valuable discussion.

From among the many, I would suggest the following subjects as likely to lead to profitable debate :

CATAPLASMA—"POULTICES."

Poultices have the following mechanical effects. They cause dilatation of the capillaries, soften the cuticle, relax the skin, and so favor swelling.

They are palliative in as much as the above conditions tend to lessen nerve compression and so allay pain.

The above effects are also favorable to pus formation, but whether due to lowered tissue vitality or increased bacterial activity is perhaps unknown. This fact, however, contraindicates a poultice in all cases where it is desirable to prevent suppuration, as in otalgia, etc.

Whenever it is certain that suppuration has actually commenced, the poultice is a useful adjuvant, but it should be discontinued as soon after the evacuation of the pus as the parts begin to show lowered vitality as evidenced by the pale, white, sodden appearance of the tissues.

It seems to me bad practice to increase the palliative effect by the addition of opiates to the poultice, since the opium must antidote the object of the poultice to just the extent of its palliation.

Clinical experience has also shown the value of poultices for the relief of deep-seated inflammations, as in the lungs. In the use of mustard and cantharides we have a combination of the mechanical effects of poultices, and the physiological effect of drugs. Concerning the so-called counter-irritation of such poultices I am exceedingly skeptical. That their heat and moisture may give relief I can readily understand on mechanical grounds, but how an active dermatitis can have any beneficial action on a deep-seated malady is beyond my philosophy.

The consideration of the physiological effects of the drugs so applied will, however, open up the whole question as to the local application of medicines.

Hahnemann's strictures upon the external treatment in vogue in his day, were made because of its adoption to the exclusion of proper internal treatment, and were especially directed against the treatment of syphilis, syccosis and psora. Later clinical experience has confirmed his judgment.

There is, however, no reason why an indicated remedy should act any better because it is introduced into the circulation through the stomach rather than through the skin or other mucous membrane.

Provided the remedy is homœopathic to the case, and is not used in too large doses, sufficient to aggravate, it matters very little by what door it enters the organism.

The application of dry heat is one of the newer adjuvants whose sphere of usefulness is only just beginning to be understood.

CONCERNING THE USE OF OPIATES.

I would say that they are certainly indicated in all those incurable diseases characterized by great pain which it is impossible to relieve in any other way, and, that while it should be considered as a last resort, the patient should not be allowed to suffer long for experiment.

There are also cases of acute suffering which we sometimes fail to relieve with our remedies; rather than allow a man to suffer the terrible pains of renal colic for days, as I have known to have been done by some of our best prescribers, it is but human kindness to allow the relief from opiates as soon as it is evident that other measures are failing.

On the other hand, none would deprecate more than I, the silly resort to opiates for every pain; and it has been my experience that in most cases pain is most quickly and more permanently relieved by the indicated remedy.

The use of antipyretics is another palliative measure which will bear discussion. According to Bruntón, purgation and venesection produce antipyretic effects. According to Potter, quinine is the best of all the antipyretics. According to Wood, antipyrine has produced most alarming symptoms after only 15 grains, while 35 grains have proved fatal. All writers agree that the antipyretic effect is not due to mechanical powers. If that be true, then the lessening of fever must be akin to the collapse of cholera, a pure toxic effect.

The use of such drugs for lowering temperatures is on a par with the use of mechanical effects of drugs for the cure of dropsies. The patient may recover if he has sufficient vitality, but it is a round-about way of effecting cures which we ought to improve upon. My experience has taught me that the drug selected according to the law of similars is the best antipyretic.

The mortality among typhoid cases in Camden, this fall, has been great with those who have used antipyretics.

There is not time to discuss more of the adjuvants to-night.

In closing I would like to have it understood that I place the application of the law of similars as first in importance, and would lay down the rule that, in curable cases, no adjuvant should be used which will interfere with the action of the remedy to the extent of hindering the cure or of destroying its possibility, and that in all cases the future welfare of the patient must be carefully considered.

LES TICS ET TIQUERS.

A LECTURE DELIVERED AT THE SALPÊTRIÈRE, BY PROF. CHARCOT.

(Translated from *Bulletin Médicale*, with remarks, by S. Lillenthal, M.D.,
San Francisco, California.)

WE have before us a man of forty years of age, who shows in a high degree, the symptoms we call *tic*. Three or four times a minute he raises his right arm quickly from the shoulder, and brings it before his face; a movement as if he would instinctively defend himself. It probably depends for its origin on disease in or about the fifth or sixth cervical nerve. More than once he has hurt himself by the severity of the movement. At the same time that he makes this movement he utters an inarticulate sound which can be heard by those around him. Every one of us occasionally meets a person who, at regular intervals, makes an involuntary and brisk movement of the eyes, of an arm or of the neck, etc. These movements are always systematized, and remind one of normal movements. In the lighter cases this trouble is considered a mere infirmity, more or less disagreeable to the patient. We ought not to make light of such an infirmity, for, let me assure you, the cerebral *régime* of a *tiquer* is not the cerebral *régime* of a healthy brain. An ordinary spasm of the face to which no importance has been attached, may suddenly become more intense; other motions are added to the primary ones, and perhaps are accompanied by screams, by noises, and by exclamations, which may give great annoyance to the poor sufferer. In our patient the exclamations have not yet assumed a shocking character; it is thus far, only a mere ah; but Gilles de la Fourette has shown that in this apparently unimportant exclamation, we meet the germ of a form of alienation, known as *coprolalia*. The simple word or exclamation is replaced by a word or phrase involuntarily pronounced at the moment the spasm (*tic*) sets in. This phrase or word is always of an indecent nature. Frequently this exclamation is but a word of four or five letters. I know a lady, moving in the highest social circles, who, with the spasm, screams aloud, quite a lengthy blasphemous sentence. When the spasm set in, she was totally unable to repress these exclamations. I knew a girl, fifteen years of age, a member of one of the best families, who suffered in a similar manner. Her father suffered from the ordinary *tic*; and his daughter inherited it in a grave form, for when the spasm came on she hissed out a sentence of abuse and blasphemy mixed. Sometimes, she would summon forth sufficient will-power to enable her to utter the objec-

tionable words in a whisper ; but then she felt ill at ease afterwards, for it did not give her the relief that followed the loud pronunciation of the words. It seemed like a crisis which was hard to suppress. At other times she barked like a dog, and snapped at any one who chanced to be near her. I could give you many more examples, but let these suffice, for it still remains for us to study the psychical side of the affection. All such patients suffer from a degeneration ; but I prefer to say that they carry an hereditary load ; they are mentally unbalanced, though otherwise they may be highly intelligent. As a confirmation this man will tell you that when he goes to a letter-box to mail a letter, he turns around and examines the letter carefully to see if the direction is right ; if the letter has been sealed, he reopens it and reads it over and over. Thus he may pass several letter-boxes before he can summon up enough courage to deposit the letter. This is "*la folie de la doute*," the alienation of uncertainty. This we all have more or less, even in our normal state. It may even exist with apparent integrity of all other cerebral functions. The patient before us cannot handle a razor without the idea arising within him that it is the instrument for suicide or homicide. He cannot rid himself of this forced idea (*Zwangsvorstellung* of the Germans), and he constantly fears that he will commit a crime, the very nature of which he abhors. I know of a person who would not go to a railroad station for fear that the gate would be opened and he would throw himself upon the rails. He therefore travels invariably in the company of a servant, so that he will not give way to the impulse. Our patient is also mysophobic. Copper produces in him, a grand emotion. If perchance he touches anything made of this metal, he must wash his hands over and over and again ; even then he is not satisfied. A veterinary surgeon suffered from the same cleansing mania whenever he touched an animal ; he could only follow his profession by constantly wearing gloves. Agoraphobia and claustrophobia belong to the same category. Such people have some queer notions. Thus a lady formed the fixed idea that inanimate objects suffer when they are kept always in the same place. An animal remains in one spot as long as it suits his convenience, but a tumbler, a pot or a chair, cannot do it, and therefore it suffers. Onomatomania is not so rare as one would think. Thus a merchant of Rouen always carried in his pocket a book in which was written the name of any citizen of that city. When through a lapse of memory, he went out without this book, he felt himself obliged to return and get it. Though such persons are otherwise sound in mind, these fixed ideas are strong

evidence of a neurotic hereditary influence. The patient before us denies any nervous trouble in his parents. But a close examination reveals the fact that at the time his mother became pregnant she was a servant in a house, whose master suffered from severe convulsions.

It is an old story that there are more crazy people outside of the asylum than in it. Call it heredity, call it habit, call it morbid disposition, or whatever you like, we must agree with Charcot, who considers such persons "out of their groove," or mentally unbalanced. Charcot fails to give us any therapeutic hints for the removal of these troubles; a mere diagnosis does not heal the sufferer. But what shall we do to remove the trouble, or at least to alleviate the inconvenience arising therefrom? Hahnemann gives us here his antipsorics to begin with, such as psorinum and sulphur. We often fail in our treatment with the best selected remedies because we neglect to remove the incubus which prevents our remedies from acting. In such cases we may find it advisable to begin our treatment with a suitable antipsoric; it acts as a sort of entree before the regular menu. All such persons are neurasthenic. For this neurotic condition we have, in our *materia medica*, a mine well worthy of being studiously worked, and it is a good thing that the anamnesis be included in the totality of the symptoms, though too often their presence is neither prominent nor uncommon. The salient symptom is the tic; the fixed idea may be prominent; the swearing uncommon; but we will fail in our treatment, if we do not delve deeper, and try to find out the cause for the trouble. Though considered by some members of our school as unimportant, the old proverb "*Sublata causa tollit effectus*," still holds true. We therefore owe Charcot a debt of gratitude as he showed us the way to cure, for only by the steady employment of our antipsorics, may we be able to correct the vicious constitutional habit. Just take the trouble to study out the drugs that have the symptom "fear," and one feels astonished to find that for every such fixed idea there are one or more remedies; in most of them the character of nervous irritation or depression (primary or secondary effect) prevails, and he who carefully searches is sure to be rewarded for his troubles. Whenever we find in any of the families entrusted to our care, traces of hereditary influence, let it be known to the parents of the patient that only by early and continuous treatment, can the stigma be held in check. How many parents will listen to such good advice?

PROCEEDINGS OF SOCIETIES.

BRITISH HOMCEOPATHIC SOCIETY.

AT a meeting of the above society, held on the evening of January 3d, 1889, Dr. Blackley showed a case of Reynaud's disease.

DR. BLACKLEY then opened a discussion on diphtheria by reading a paper on the subject. He said, respecting isolation, that the contagion of diphtheria is not confined to the membrane, but the poison is in the breath and secretions of the patient (Oertel). This readily accounts for the spread of the disease through a household, though there be no direct contact. His conclusion was that diphtheria is a specific contagious disease, and that isolation of patients must be practiced. A quarantine of from seven to ten days he thought amply sufficient to prevent the spread of the disease. Diphtheria may occur in pigeons, mice, fowls, etc., and from them be conveyed to man.

The duration of convalescence was about six weeks. The patient could not be considered as well until all enlargement of glands had disappeared, and no paralysis was left.

He advocated both local and constitutional treatment. Many drugs have been used: *mercurius biniodid.*, *mercurius cyan.* (used by Schultze in $\frac{1}{16}$ th grain doses), *phytolacca*, *crotalus*, *apis*, and *agaricus*. For local use he recommended alcohol, chloroform, and ammonia. The vapor of alcohol and chloroform in equal parts (Richardson); bromine has also been used externally as well as internally. Bromoform, which is allied to chloroform chemically, has been used by Dr. Blackley. It is given on a sponge which has been dipped in boiling water and wrung out. Tracheotomy, or the more recent operation of intubation, may be necessary in some cases.

Treatment of sequelæ. Albuminuria calls for *arsenicum* and *phosphorus*. Paralysis is to be treated by *strychnia* and faradization; abolition of the knee-jerk by *curare*; paralysis of the pharynx suggests *gelsemium*; the reaction of degeneration *phosphorus*.

DISCUSSION.

DR. DUDGEON said that he applied alcohol locally in these cases, on a piece of lint fixed to the end of a stick. Internally he used some preparation of mercury, especially the cyanide, from the third

to the sixth dilution. Dr. Gould said he had never been successful in his treatment of naso-pharyngeal cases, which invariably died. As regards contagion he had never seen any one but the nurse or the attendant on the child take the disease. He used a Siegle's spray for local applications.

DR. MOIR said that infection was generally due to bad drains or infection from other cases. He mentioned two cases of diphtheria in cats, in which the characteristic membrane and foul breath were present. By way of treatment he said that he had found the biniodide of mercury better than the cyanide. A new remedy strongly recommended, and one that ought to be tried, is ammonia fort., in $\frac{1}{4}$ drop doses every two hours. A case recently in the hospital had died of paralysis of the heart. Santonine causes paralysis of the ciliary muscle. The speaker suggested that it might be a useful remedy for post-diphtheritic paralysis of that muscle.

DR. ROBERSON DAY thought that it was very desirable to decide on the question of infectiousness, so that it might be settled whether cases of diphtheria should or should not be admitted into the general wards of a hospital as formerly.

DR. HILLBERS spoke well of the biniodide of mercury.

DR. EPPS said that he paints the throat with alcohol and gives the cyanide of mercury internally.

DR. HILL uses iodoform in naso-pharyngeal cases.

DR. NEATBY considered the disease infectious, since open wounds are so liable to become covered with the false membrane. He uses insufflations of sublimed sulphur when the membrane becomes pul-taceous. He suggested kali bichromicum as a remedy.

DR. BUCK thought it necessary to isolate the patient and disinfect the room thoroughly. He mentioned a severe case in which there was no albuminuria, but with swollen parotids. The pharynx looked as if covered with biscuit powder. He used locally a spray of boric acid. Belladonna is very good internally if there is delirium. He had found insufflations of sublimed sulphur useless. Biniodide of mercury was his sheet anchor. Mercurius corrosivus was useful in the early stages.

DRS. CLARKE and DUDGEON thought that each case should be treated *sui generis*.

DR. HUGHES said that the cyanide of mercury cures a true diphtheria, and produces the genuine membrane in the healthy. The biniodide probably cures cases that are not genuine.

EDITORIAL.

HOMŒOPATHY IN ALLOPATHIC PRACTICE.

THE doctrine of antagonism between large and small doses of drugs is by no means new, and is, moreover, not unfamiliar to every homœopathic physician. The regulation of the dose according to the relation which the symptoms of the case of illness under observation bear to the primary or secondary effects of the drug administered, has likewise been taught by several homœopathic authors of note. It was with surprise, therefore, that we read in an article bearing the title, "Do Drugs Generally Have a Double Action?" by Dr. Boardman Reed, of Atlantic City, New Jersey, this sentence: "Having advanced a theory of drug action which is unfamiliar if not wholly novel, I expected, of course to have it attacked, and to have the facts and arguments adduced in support of it, sharply criticized." The unfamiliar and novel theory referred to is that drugs have primary and secondary actions, which are in direct antagonism to each other, and that the administration of the dose of drugs in the treatment of disease may be regulated as we wish to operate through the primary or the secondary action of the drug.

Dr. Reed's first paper on this subject in recent years, was published in the *Practitioner*, a monthly medical journal, of which Dr. Lauder Brunton is the editor. In this paper Dr. Reed starts out with the assertion, with which we must heartily agree, that it is important "to know all that is possible about the action of medicines." He also approaches the vexed question of dose and the relation that it bears to drug action. He laments the contradictory views still held with regard to the real action of the most familiar medicines. "Every new drug," he says, "comes to us with a variety of conflicting testimony as to its powers. If the clinical experiments with it have seemed to sanction its use as a stimulant to any organ or nerve centre, the reports from the laboratory for experiments on animals are almost certain to show that it is liable to depress or even to paralyze the same." Out of this chaos Dr. Reed proposes to make order through his theory, "which is unfamiliar if not wholly novel."

He quotes Stillé as among the early advocates of this doctrine, and then proceeds to show that drugs which have, primarily, a stimulating action are, secondarily, depressants. Electricity, conium, camphor,

alcohol, strychnine, curare, the veratrum preparations, aconite, opium and chloroform, are considered, each in its turn, and shown to have a double action, or as Dr. Reed calls it, "a primary and a secondary action." In his study of the action of these drugs the author seems to be oblivious of everything but their influence as sedatives and stimulants. His thoughts have not left this narrow field. He here reminds us very much of an estimable practitioner of whom we were told in our college days. This gentleman was in the possession of a very large and lucrative practice; most of his time was taken up in the attendance upon his clients, so that he had but little left for study. No one felt his shortcomings more than he. During a dull season he determined to perfect himself in pathology. He read the introductory chapters of the work, and finished the section devoted to the consideration of inflammation, when he became busy again, and then his study ceased. Ever afterwards his diagnosis of all pathological conditions affecting his patients was inflammation of some kind or another. Now Dr. Reed has apparently studied drugs in their relations as stimulants and depressants only. Had he investigated further, it would have dawned upon him, that he was advocating only a partial truth.

In summing up he says:

"Enough proofs have now been adduced to show that at least a number of the most prominent sedatives have in some of their doses a primary stimulant action. I have investigated a large number of others and find so far no exceptions to the induction of Schultz and Piper, that all paralyzing agents primarily stimulate. It is not a very violent assumption, therefore, to infer that Schultz and Piper, as well as Stillé, enunciated true principles.

"Thus it may be considered established that the drugs which are vaguely and not very scientifically classified as stimulants, are all capable of exerting in different doses both stimulant and sedative effects.

"The truth about the action of both these classes of drugs is probably as follows: (1) A relatively small dose always stimulates the parts (nerve centres, nerves, glands, muscles, membranes, or other tissues) which the drug specially affects. (2) A sufficiently large dose always finally paralyzes the parts which the drug specially affects. (3) A moderate or medium dose may first stimulate and afterwards depress, finally paralyzing, if repeated often enough.

"The same principles doubtless hold good with regard to the drugs imperfectly classified according to some of the most conspicuous effects of their physiological doses, as emetics, purgatives, expectorants, diuretics, etc., or still more irrationally classed from some of their small dose effects as alteratives."

Dr. William Sharp is referred to as having set up an exclusive system of his own, "which he bases on the fact of the double action of medicines, and denominates 'antipraxy,'" but notwithstanding

the closeness with which his views correspond with those of Dr. Reed, the latter is pleased to class him as a sectarian.

To show the value of his views in actual practice, Dr. Reed writes as follows: (*Therapeutic Gazette*, October, 1888.)

"For instance, suppose arsenic were a newly discovered drug, and the experimenters were just bringing in their reports of it, what would we learn from them that could be made of practical value at the bedside? We should gather the very interesting but not clinically encouraging facts that arsenic is capable of causing violent gastro-enteritis, with the greatest depression of vital forces, and finally paralysis. For other striking symptoms resulting from toxic doses, I again quote from H. C. Wood's *Therapeutics*. He says:

"If the patient survive long enough, an eruption very frequently appears, sometimes as early as the second day, sometimes not until the fifth. Its character is various: thus it may be petechial, urticaria like, papular, vesicular, or pustular."

"Now it so happens that *after some hundreds of years of clinical experience with arsenic* [italics here, as in the following, our own], we have to come to use it in small doses to cure various skin diseases and as a tonic in conditions of debility. Ringer has also recently led the way to the use of it in gastritis, and I have found it in somewhat minute doses a most valuable remedy in some forms of both gastritis and enteritis. The arsenite of copper in doses of from $\frac{1}{1000}$ to $\frac{1}{100}$ of a grain, has proved in my hands exceedingly effective in the cure of cholera morbus and violent colics associated with vomiting. The principle of the double action would have at once pointed the way to a trial of small doses of arsenic in all these conditions,* and would have thus saved physicians a deal of tedious and unnecessary experimenting on the sick, to say nothing of saving the sick from the unpleasant consequences of attempts to get curative results from physiological doses of such an active drug.

"So with the drugs recently introduced. Antipyrine possesses in full doses valuable palliative properties in fever and in certain forms of headache. The experiments with it on animals as well as clinical experience, show that the largest doses are liable to cause vomiting and heart-failure with collapse. We should expect small doses to exert effects the contrary of these, and to antagonize vomiting and cardiac debility. Acting upon the hypothesis that such a double action would be found in antipyrine as in most other drugs, I, two years ago, gave grain doses for irritable stomach associated with cardiac weakness, and with success."

We have, we believe, in the above quotations from Dr. Reed's writings, presented with fairness a *resumé* of his views. We must now express as our opinion, that the theory of drug action which he thus brings forward is absolutely useless, excepting in so far as it is in accordance with the teachings of the school of Hahnemann. Every use of arsenic to which he refers in his paper in the *Therapeutic Gazette* has been known and practiced by homœopaths, since the earliest days of the art, while allopathists have only recognized the beneficent action of the drug in such cases "after some hundreds

* So would the law of similars.—Eds.

of years of clinical experience," and ten or a dozen years of reading of the writings of such imitators of homœopathy as Ringer, Phillips, Brunton and Boardman Reed.

Now let us examine into the use made of antipyrine by Dr. Reed. His argument here is of an evasive character; he "whips his majesty around the stump" as it were. He says that "the largest doses of the drug are liable to cause vomiting and heart failure with collapse." From this fact he is led to believe that small doses of the drug are capable of causing the conditions the exact opposite to these. He does this, be it remembered, without any experimentation to prove such to be the case. Having thus settled the probability of antipyrine having a double action, he proceeds to administer it in such conditions as he has known that it has caused. It cured; and lo, he proclaims to the world another proof of the truth of his "unfamiliar" and "novel" theory of drug action, and another discovery that must cause homœopathy to take a back seat. To one who can but half see, Hahnemann's law of similars affords the only tenable explanation in the premises. We are fortified in thus expressing this opinion by Dr. H. C. Wood, who declares that he has experimented with antipyrine in small doses, and finds that it is not capable of producing the contrary effects claimed for it by Dr. Reed.

Resuming our consideration of Dr. Reed's argument, let us ask: Is he any better off with his "novel" theory for the application of drugs to disease, than is the physician who prescribes drugs according to their physiological action, or the law of contraries, so to speak? Our author pretends that he believes that drugs should be selected because they bear a physiological antagonism to the disease, for he quotes Bartholow approvingly when he says "The author (Bartholow) has a strong conviction that in the future of therapeutics, the law or principle of physiological antagonism must play an important rôle." The great difficulty in making the law of contraries apply in actual practice, is that there are many pathological conditions, an opposite to which is absolutely inconceivable. As long as phenomena indicative of stimulation or depression are present the indications for applying this law are clear. But "over-action" and "under-action" do not constitute the whole realm of symptomatology. Many departures from the healthy standard are of such a character as to require to be spoken of as "altered action." In this latter class of cases it is utterly impossible to conceive of an opposite. For example, anæsthesia and hyperæsthesia are instances of under and over-action respectively, and are the antitheses of each other; but what

opposite is conceivable to the many morbid feelings met with in disease? It is true that one may theorize concerning many of these symptoms, and decide that the primary pathological causes are such that an opposite is readily conceivable. It would thus seem that the law (?) of antagonism in action between large and small doses of drugs, is but a theory, absolutely incapable of actual demonstration either in the laboratory or at the bedside. That large and small doses do in a very large number of instances produce effects the direct opposite of each other cannot be contradicted, and has been known since the days of Hahnemann.

Now we believe that in theorizing as he does, Dr. Reed is only making a supreme effort to appease his troubled conscience and convince himself that he does not believe in homœopathy. We contend that he has only advanced a theoretical explanation of the mode or action of Hahnemann's law. As such it is anything but new to the members of our school, as we have said before. Hahnemann established the fact that drugs were capable of curing in the sick, conditions similar to those which they were able to produce in the healthy. Scientific minds have been engaged since his day in formulating a theory that would explain this universal law. Many have been the theories advanced. No unanimity has been reached. It is sufficient to say, however, that in one respect, all are agreed, and that is, though we select the remedies suitable to a certain case by the similarity, it cures by an antagonism. Let us quote the words of Dr. Dudgeon, than whom there is no one better grounded in the philosophy of homœopathy :

"He will have it that homœopathy implies that the remedy when given for the cure of a disease acts in the same way as it does on the healthy, which is absurd, for in that case it would increase the disease, not cure it. The essence of homœopathy is that the remedy which on the healthy is capable of producing an artificial similitude to the disease, when given in such a disease acts curatively, i.e., antagonistically." (*Monthly Homœopathic Review*, September, 1888.)

How much Dr. Reed's conscience troubles him may be seen from his writings. Thus, writing in the *Medical and Surgical Reporter* for November 24th, 1888, he says :

"It thus quite does away with the necessity for lugging in the irrational dogma, *similia similibus curantur*, to account for such cures as those of vomiting by drop-doses of wine of ipecacuanha," etc.

In his original paper in the *Practitioner* for April and May, 1888, he says of Dr. Lauder Brunton :

"This opposite action of large and small doses seems to be the basis of truth on which the doctrine of homœopathy is founded, and then proceeds to expose some of the fallacies of the Hahnemannian sect."

None are so stupid as those who will not learn, is an old saying. That Dr. Reed cannot or will not learn what homœopathy is and what it is not is shown by such illogical reasoning as he gives us in the *Therapeutic Gazette* for October, 1888 :

"The homœopaths who are stupidly supposed to have a monopoly of small doses, account for all cures effected thereby as illustrations of the truth of what they call the 'law of similars,' or *similia similibus curantur*. and both the laity and many superficial thinkers among the regular medical profession are wont to accept without question this irrational claim. For myself I have never been able to see any logic or sense in the so-called law of similitudes, though perfectly well aware that now and then excellent curative results follow the administration under proper conditions of doses very much smaller than the ordinary."

No one should know better than our author that homœopathy consists of something more than the administration of small or infinitesimal doses. The dose is a secondary consideration entirely. A homœopathic cure can be effected with the crude drug, as with the potentized preparation. Observation taught Hahnemann, however, that the latter preparations were the best for securing curative results under the homœopathic law.

In taking farewell of Dr. Reed, let us say theorize as he will he is advocating homœopathy. Whether he prescribes in his practice compound saccharates of his own invention, the second or third trituration of a reputable homœopathic pharmacist, or the parvules made by enterprising apathic druggists, does not affect the case a particle. If he prescribes a drug for the cure of conditions similar to those said drug is capable of exciting in the healthy, he is practising homœopathy.

HOMŒOPATHY AND MEDICAL LEGISLATION.

THE Legislatures of a number of States are now in session. Bills regulating the practice of medicine have been introduced in those of Pennsylvania, Nebraska, and Maine. The tendency of all these bills is to place the licensing of homœopaths in the hands of a board largely composed of allopaths. Homœopaths cannot expect fair treatment from a board bound by the code of the American Medical Association. They are therefore requested to oppose the passage of all such bills, unless their nature is such as to *fully* protect the interests of our school.

NEW PUBLICATIONS.

A MANUAL OF OPHTHALMIC PRACTICE. By Charles Higgins, F.R.C.S.E. P. Blakiston, Son & Co., Philadelphia.

In the preface it is stated that the work is intended to "meet the requirements of students and general practitioners," and as such we must look at it, but it seems scarcely to meet this want, as too often clearness is greatly sacrificed to brevity. We are frequently reminded that the book is rather a "Medical Dictionary of Ophthalmic Practice," so often do we find whole passages written in the dictionary style rather than in that of a "Manual."

In various places throughout the book we find dogmatic, unmodified statements, which are scarcely according to the experience of others; *e.g.* (p. 60), "in moderate degrees of hypermetropia the symptoms do not appear till between the ages of thirty and forty." It is scarcely necessary to add that, even in some cases with such slight degrees as the 0.25 degree, children are greatly annoyed by these defects,—at least in this country, and we have seen similar cases in London.

The work is written in a very practical manner, and may well be read by the student or general practitioner, but it must not be relied upon exclusively, as it will frequently fall short of the desired result; for many times the indications are too brief to lead the seeker for new ideas in the right direction. We could almost say that it is a work for the specialist, as it is full of good practical suggestions to him who knows about what is required, but who often wants to look up some minor point or a practical idea.

LECTURES ON NERVOUS DISEASES. By Ambrose L. Ranney, A.M., M.D. Philadelphia: F. A. Davis. 1889.

A work by an American author on the subject of nervous diseases is one of the needs of the present day. It has been several years since a systematic treatise of this class has appeared. We, therefore, welcome Dr. Ranney's. In many particulars the volume before us presents radical differences from the ordinary works on the same subject. It naturally opens with the usual anatomical introduction, so indispensable to him who would become a successful neurologist. Although an intricate subject the author has succeeded in presenting briefly, and yet with considerable fulness, the anatomical points of practical importance. He has added to the value of the text by the ingenious diagrams which he has introduced for purposes of illustration. The printing of the lines in the diagrams in colors, instead of in dots of different lengths and shapes, is to be commended as a step in the right direction, as it is of great assistance to the reader.

The book is to be especially commended on account of the second section, which is devoted to the "Clinical Examination of Patients Afflicted with Nervous Diseases, and the Steps Employed as Aids to their Diagnosis." To our mind this is the most important part of the book, inasmuch as other treatises have seen fit to either ignore the subject entirely, or else to present it in such a fragmentary manner as to be comparatively useless.

There is one portion of the book which is, to our mind, open to criticism, and that is the great importance which the author attaches to the doctrines of Dr. George T. Stevens concerning anomalies of the ocular muscles and their relation to diseases of the nervous system. With him we are prepared to admit that troubles in or about the eye are often the *fons et origo* of many cases of functional nervous disease; but that nervous diseases have an ocular origin as often as Drs. Ranney and Stevens would have us believe we very much doubt.

The last section of the work is devoted to the consideration of electro-therapeutics. This also is a subject not treated of in works on Diseases of the Nervous System; yet to the general practitioner the consideration of this subject in this place is of no little importance.

We feel, then, that we can recommend Dr. Ranney's Lectures to the general practitioner as a work on which he can rely.

GLEANINGS.

CONDUCTED BY

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AND THE EDITORS.

THE CAUSE OF DEATH IN ACUTE PNEUMONIA.—Liebermeister, in the course of a paper on a series of cases of acute croupous pneumonia (reported in the *British Medical Journal*, December 29th, 1888), has expressed the view that death is generally due to pulmonary œdema of the non-infiltrated portions of the organ: This œdema he attributes to cardiac failure. The fever, he says, tends to produce degeneration of the heart muscle and functional insufficiency, while the heart has to act against an increased resistance, due to compression of the bloodvessels by the infiltrated lung; the right heart, acting under these unfavorable circumstances, fails, and the first symptom of its failure is the pulmonary œdema above mentioned.

ACUTE LOBAR PNEUMONIA.—Dr. Thomas E. Satterthwaite in a recent study of lobar pneumonia gives an interesting *résumé* of the statistics of the mortality of pneumonia. Among the most eminent of the old French school the mortality was as follows: Louis, 30.8 per cent.; Andral, 55.4 per cent.; Chomel, 32 per cent.; Bouillaud, 11 or 12 per cent.; Grisalle, 16 per cent. Bouillaud had revived the practice of bleeding which was prevalent in Europe during the last century, especially in Italy, where it was not uncommon to take from the unfortunate patient as much as ten pounds of blood during an attack. It was claimed that the mortality by this method of bleeding, together with the use of tartar emetic, was reduced to 10 per cent. It was said also that hepatization of the lung was prevented. Bouillaud was satisfied with five pounds of blood. Just before the middle of this century, however, Skoda published statistics tending to prove that pneumonia was a self-limited disease. But the figures given about the year 1842 by Fleischmann, a Vienna homœopathist, showing a mortality of less than 6 per cent., made a great impression on medical minds, and led Dietl to try the dietetic method, which resulted in only 7.4 per cent. The most astonishing results were published by Barthez; of 212 cases between the ages of two and fifteen years, only two died, a mortality of less than 1 per cent., while Zeissl in 40 cases of young patients, lost none. The late Bamberger, of Vienna, during an experience of three years, had a mortality of 11.2 per cent.; during another three years of 18.19 per cent. The variation of mortality under the same line of treatment is still further emphasized by the reports of St. Thomas's Hospital, London. In the year 1858 it was 17 per cent., and in 1859, 5.7 per cent.—*Medical News*, January 5th, 1889.

PULSATING PLEURISY.—Dr. William Osler, in the *Amer. Journ. Med. Sciences*, reports a rare case of left-sided pulsating pleurisy due to strain in lifting. Twelve days after the accident, the pleura being full from an exceptionally rapid effusion, fifty ounces of clear serum were removed. On the fifteenth day, the fluid having reaccumulated, aspiration was again performed with removal of two quarts of slightly turbid serum, with relief of symptoms. On the thirty-second day a remarkable pulsation was noticed in the fourth, fifth and sixth interspaces in the mid-axillary line, the maximum intensity being outside the left nipple. The whole side receiving a very positive shock, systolic in time and synchronous with the displaced cardiac impulse in the third right interspace just above the nipple, the hand placed on the left side being distinctly lifted with each impulse. On the thirty-seventh day the pleura was opened and three pints of pus evacuated; a large drainage tube was inserted in the eighth interspace below the angle of the scapula. The patient made a good recovery and was discharged ten weeks later with sinus completely healed, the condition of the chest being a marked flattening of the left side, more particularly in the axillary and mammary regions. This case was considered to be an instance of pneumothorax from the outset. The phenomenon of pulsation was thought to be due to extreme distension of the side. After a careful study of pulsating pleurisy he is able to add four more cases to Kepler's list of 38. Of this number (42) in only three instances was the empyema in the right side.

CREASOTE AS A REMEDY IN PHTHISIS PULMONALIS.—Dr. Beverly Robinson, who has been using the creasote treatment in phthisis since its revival by Bouchard and Gimbert in 1877, is still unable to state whether creasote interferes with the bacilli locally, or through the circulation in virtue of its antiseptic properties, or whether, in addition to its promotion of sclerosis, it merely favors general nutrition while acting happily upon secondary, though important, symptoms. He favors the latter belief. He is decidedly of the opinion that patients, as a rule, improve more rapidly and surely upon the conjoined treatment by means of antiseptic inhalations and creasote given internally, than they do upon either treatment by itself. A factor of great practical importance is the purity of the drug and the source from which it is obtained. The creasote to be preferred is that acquired from the distillation of beechwood-tar.

The drug is to be administered in small doses, continued for a long while, or only gradually increased; giving from three to six minims daily, after the manner of Jaccoud's formula slightly modified—

R.—Creasoti (beechwood)	℥vj.
Glycerine	℥i.
Spts. frumenti	℥ij.—M.

In this manner there is perfect solution of the creasote, and a large dilution, essential points in rendering it acceptable to patients.

From an analysis of 66 carefully recorded cases, apparently, in fifty per cent., irrespective of the stage of the disease, there was improvement in cough, night sweats, dyspnoea, sputa, appetite and fever. The effect on weight was notable in many instances, the amount of increase ranging from one-half pound to twenty-five pounds. The strength was increased in proportion. There was no change noticed in the urine. Twelve cases showed marked improvement in the physical signs. In two of these cases, at the first stage, there was complete disappearance of every evidence of morbid condition in the lungs.

In the experience of the writer beechwood creasote has proven itself superior to any other medicinal treatment with which he is familiar. He considers it of particular value in the first stage, when not only does it lessen and cure cough, diminish, favorably change and occasionally stop sputa, relieve dyspnoea in very many instances; it also often increases appetite, promotes nutrition, and arrests night sweats. It does not occasion hæmoptysis, and rarely causes disturbance of the stomach and bowels, except in cases in which it is given in too large doses. The drug is easy of administration; it is adapted to the majority of sufferers from pulmonary phthisis everywhere, and it may be used with some advantage at all stages of this disease, even the most advanced.—*American Journal of Medical Sciences*, January, 1889.

BEST METHOD OF STAINING TUBERCLE-BACILLI IN SPUTUM.—Dr. Samuel N. Nelson, in a paper read before the Gynæcological Society, of Boston, speaks of the importance, directly, or indirectly, in all branches of medicine, of examining the sputum for tubercle-bacilli in cases where there are pulmonary symptoms but not well marked physical signs. He then gave a résumé of the various methods, with their modifications, that have severally been recommended by various authors for the detection of the bacilli. These, in general, all have the same foundation, viz.: the fixation of a thin layer of the suspected sputum on a coverglass; the diffuse staining of this layer with one of the aniline dyes; the bleaching, which effects everything except the tubercle bacilli themselves, so that they are alone brilliantly stained and all else is colorless; and lastly, not important, but advantageous, the staining with a contrast color, which stains all other micro-organisms, both bacteria and cocci, as well as the epithelial and pus cells.

The primary staining may be done quickly or slowly. When done quickly, the staining fluid must be boiled in contact with the coverglass-film; when done slowly the staining fluid is applied to the coverglass-film for twelve to twenty-four hours at the ordinary temperature.

After trying nearly all of the methods that have been recommended for the primary staining, the essayist said that he preferred the rapid staining, using the formula of Ziehl:

Fuchsin	1 part.
Alcohol	10 "
Carb. Acid	5 "
Water	100 "

Instead of boiling this fluid in a watch glass with the coverglasses floating film downwards on the surface of the fluid, as is ordinarily recommended, he prefers to hold the coverglass film upwards with a pair of forceps, to place a drop or two of the staining fluid thereon, and to boil it by holding the coverglass over the flame of an alcohol lamp. After boiling it is allowed to cool.

For bleaching he uses nitric acid, diluted (nitric acid 1 part, to water 4 or 5 parts), into which the stained coverglass is dipped (without washing) and at once transferred (without washing) as quickly as possible to absolute alcohol, through which a few passes are made, and then it is washed under the stream of the water bottle. The action of the acid changes the red color of the fuchsin to a nearly black color, but in the alcohol the red color is restored and then fades. Care should be taken not to bleach too much, for by the prolonged action of the acid and alcohol, even the tubercle bacilli themselves will yield their color. When properly bleached the contrast stain, methyl-blue, is applied, in a watery solution, and, after washing, the coverglass can be mounted and examined with the microscope, when the *tubercle bacilli, if present, are seen as red rods lying among other blue-stained elements*. A good $\frac{1}{4}$ or $\frac{1}{2}$ inch dry lens will distinguish them, but their characteristic formation can only be seen with higher powers, e.g., the oil emersion, $\frac{1}{8}$, $\frac{1}{4}$, or $\frac{1}{2}$ inch lenses, with an Abbé condenser, that is, under the best conditions of illumination. Instead of fuchsin, gentian violet may be used for the primary stain, and, in this case, vesuvin Bismarck brown must be used as a contrast stain, instead of methyl blue.

Résumé.

- A. Stain with fuchsin.
- B. Bleach by dipping into diluted nitric acid (1 to 5).
- C. Finish bleaching in alcohol.
- D. Wash.
- E. Stain with methyl blue (contrast stain).
- F. Wash.

Then mount and examine.—*Journal of the Am. Med. Asso.*, December 22d, 1888.

HAMAMELIS AND HYDRASTIS IN PULMONARY HÆMORRHAGES.—Koenigen, of Lippspringen, after trying for years to cure his cases of pulmonary hæmorrhage with the usual remedies, such as Ziemssen's long continued use of *secale cornutum*, and Ruchle's inhalations of sesquichloride of iron, for the last three years has employed the fluid extracts of hamamelis and hydrastis canadensis. He acknowledges that he became acquainted with the value of these drugs from homœopathic sources, where he learned that the former of these drugs is given for hæmorrhoids and the latter for uterine hæmorrhages. Though these drugs often succeeded in cases of free pulmonary hæmorrhage, they occasionally failed, in which case, hypodermic injections of secale must be used. For periodical hæmorrhages Koenigen thinks highly of hydrastis taken between the attacks; it here acts as a prophylactic. He also relies upon it in cases of too copious and too frequent menstruation. While other forms of treatment of pulmonary hæmorrhage act injuriously on the stomach at times, hydrastis acts as a true tonic and increases the appetite. Constipation, loss of appetite, and heavily coated tongue are never observed, except in cases where morphia has been used to relieve the irritation of coughing. He uses the hydrastis in doses of from twenty to thirty drops three times daily; in severe cases he administers the medicine every hour, and orders the patient to go to bed and maintain the horizontal position; ice pellets are given when nausea prevails. Iced milk, and cold victuals in great moderation usually suffice for nourishment. Koenigen never observed any bad secondary effects from the use of the hydrastis.—*Therap. Monatsch.*, November, 1888.

TUBERCULOSIS PULMONUM CURED BY ERYSIPELAS FACIE.—A man, æt. 33 years, suffered for some time from loss of appetite, cough, expectoration, night sweats, and steadily increasing expectoration. When he was admitted to the hospital, a careful physical examination revealed that he was suffering from phthisis pulmonalis. Suddenly there appeared one evening an exceedingly high temperature, and the next morning facial erysipelas of the vesicular form developed. The erysipelatous process started at the nose and gradually passed over the whole head. The pulse became very frequent: there was great prostration, severe headache, and delirium. After a week or ten days the erysipelas passed off, and, with its disappearance, the patient became afebrile, his cough became less, his tongue clean, and his appetite left nothing to be desired. With his renewed strength he was able to return to his work. A year has since passed by, and he still enjoys good health. Dr. Wieble

believes that the erysipelas by reason of its continued high temperature, which did not suit the bacillus of tuberculosis, stopped the phthisical process, thus demonstrating that one morbid factor may be destroyed, or at least weakened, by another.—*Münch. Med. Wochenschr.*, 48, 1888.

Note.—In the *N. Y. Medical Journal* for January 5, 1889, is a short extract from the *Lancet*, showing that erysipelas retards the development of experimental tuberculosis in the guinea-pig. The anti-tuberculous action of erysipelas is double: It prolongs life, and it has a local influence limited to the erysipelatous area, causing induration, ulceration and lymphatic swelling due to the tubercle, to disappear.

CAUSE OF SPEEDY DEATH IN HEART DISEASE.—Dr. Oliver read a paper on this subject, before the Clinical Society of London, in which he drew attention to gastro-enteritis as a not infrequent cause of the rapidly fatal termination of cardiac disease. He gave a brief record of three cases out of seven or eight which had come under his notice within the last few years. The patients were all upwards of 30 years of age, all men, and in none of them, either from previous history or during the course of the illness, could anything be found likely to lead one to suspect that death would be induced by the setting up of a rapidly fatal form of gastro-enteritis. In all the symptoms were of an acute character; they frequently developed very quickly, and death, preceded by collapse, occurred either in a few hours or within a few days. The first symptoms complained of were pains over the region of the stomach and vomiting. Although aortic and mitral regurgitation were the forms of cardiac disease present in all his cases, Dr. Oliver was not inclined to exempt other forms of heart disease from the tendency to end thus. Convallaria had been the drug taken during life by most of the patients; but as death from gastritis had occurred in some of his cases in which digitalis alone had been taken, while in others no cardiac tonic was used, it was clear that convallaria, even in those cases where death had ensued, was not altogether to blame for the gastritis. The writer thought that heart disease and gastro-enteritis stood in some obscure causal relationship to each other.—*The British Medical Journal*, Dec. 22, 1888.

CASES OF AORTIC STENOSIS WITH TRACHEAL MURMURS.—At a recent meeting of the London Medical Society, Dr. Fowler showed two men the subject of aortic stenosis, in whom a peculiar puffing murmur, high in tone, was audible over the trachea. He suggested that this was due to the compression exerted on the lung by the hypertrophied left ventricle during contraction. Dr. Biss and Dr. Hadden questioned this explanation as to the cause of the murmurs, and Dr. Ormerod thought he could distinguish two murmurs, one aortic and the other a "puffing" murmur audible only during respiration. Dr. Fowler in reply said that in the first case the murmur audible over the trachea had the same characters as the aortic murmur, but was modified, in that it did not take on the characteristics by which they were usually recognizable.—*The British Medical Journal*, Dec. 22, 1888.

STROPHANTHUS IN CARDIAC AFFECTIONS.—Koschlakoff uses Fraser's tincture 1:20, especially in cases of valvular disease or in affections of the myocardium during the stage of disturbed compensation, or in cases of diffuse chronic nephritis. After keeping his patients under observation several days, he begins treatment with five drops of the tincture taken thrice daily. He hardly ever increases the dose to more than eight drops. In most cases the dyspnoea diminishes, and the patient becomes sleepy after a few doses. It acts more rapidly and more steadily than digitalis. Its action on the heart is more or less decided; the pulse becomes slower and stronger, and increases in tension, arrhythmia disappears but soon reappears, in many cases the flow of urine increases, while in some cases, notwithstanding the increased blood-pressure, the quantity of urine was but slightly increased. The diuresis not infrequently continued for some time after cessation of the drug. In cases with positive results the dropsical accumulations disappeared after two weeks' treatment, and the patients decreased in weight. Nausea, vomiting, headache, and diarrhoea, were exceptionally noted. Cumulative action was never witnessed.—*Berliner Klin. Wochenschr.*, 48, 1888.

DIURETIC ACTION OF STROPHANTHUS.—Dr. Lemoine, of Lille, has made a communication to the Société de Biologie, Paris, relative to the diuretic action of strophanthus. Of all the effects of this medicament polyuria, he says, is the most constant. He has always obtained such effect on giving experimentally to healthy

individuals the tincture of strophanthus. In doses of from five to ten drops almost double the quantity of urine is voided. This increased diuresis he has also obtained in cardiac patients, unless there be complete asystole, in which case strophanthus rarely succeeds in restoring diuresis. He has also met with want of success when strophanthus has been given in extensive oedema of the lungs.

The diuretic effect of strophanthus lasts long after discontinuance of the medicine. In some cases, when before treatment the daily quantity of urine voided was only 400 grammes, he has known it increased to 3000 under strophanthus; and a fortnight after the suspension of the remedy the patients were still voiding two litres a day. As to the diaphoretic effects of strophanthus, he has found them feeble if not nil.—*Medical Age*, December 26, 1888.

HYPERÆSTHESIA OF THE STOMACH CAUSED BY MURIATIC ACID.—Talma, of Holland, claims that the gastric pains so often complained of, especially after eating, by neurasthenic and hysterical persons, are due to muriatic acid in the gastric juice, though its quantity be not above the normal. When such persons take even a minute dose of this acid, especially when it is heated to the temperature of the body, the pain immediately returns. Nitrate of bismuth or belladonna fails to be of any service; moist heat over the stomach and carbonate of magnesia prove to be the best remedies for treatment. It is also recommended that such persons take a glass of Port wine or some other alcoholic beverage before meals.—*Bulletin Med.*, 99, 1888.

TREATMENT OF DIPHTHERIA BY THE INSUFFLATION OF SUGAR-DUST.—Oertel demonstrated years ago, the injurious effects of forcibly detaching the false membrane and cauterizing the mucous membrane in cases of diphtheria. He contended that we must make energetic attempts to produce a copious amount of pus beneath the pseudo-membrane. Lorez, of Frankfort, proposes, for the treatment of diphtheria, the frequent insufflation of sugar dust upon the morbid mucous membrane of the tonsils, fauces, post-nasal space, and entrance of the larynx, and after tracheotomy, through the canula into the trachea. After a few insufflations the foul odor disappears, and the mucous membrane of the fauces and pharynx shows more life. The laryngeal cough becomes loose, and respiration easier. The favorable action of sugar on unhealthy granulations is well known.—*Allg. Med. Centr. Zeitung*, 92, 1888.

THE INTRAVENOUS INJECTION OF THE POISON OF RABIES AS A PREVENTIVE OF HYDROPHOBIA.—Galtier proved, more than twenty years ago, that intravenous injection of the rabies poison in goats and sheep, rendered these animals immune from hydrophobia, in case they were bitten by rabid animals. Nocard and Roux have proven by experiments, that the same holds good in the case of ruminants generally. For purposes of experiment material was taken from a rabid dog. A portion of the spinal cord was dissolved in a quantity of water, the clear fluid decanted and then filtered. The fluid thus obtained was injected into the veins.—*Allg. Med. Centr. Zeitung*, 94, 1888.

THE ABSOLUTE SIGNS OF DEATH.—At a recent meeting of the Medical Society of London, Dr. B. W. Richardson gave the following proofs to be made in order to arrive at a satisfactory demonstration that life was extinct. 1. Apply a fillet to the wrist, a cardboard being arranged in front so as to relieve the arteries from pressure, and then examine the veins at the back of the hand for turgescence. 2. Open a vein at the bend of the elbow and seek for stringy coagula; open, if necessary, two or more veins. This, when present with rigor mortis, is an absolute sign of death. 3. Apply the electric test for muscular contraction. 4. Inject ammonia hypodermically. The absence of a red blotch under the skin is a particularly valuable test of death. 5. Examine by strong light for absence of red color from the transparent tissues. 6. If any doubt still remains, and rigor mortis has not developed, let the body be kept in a damp room at 84° F.; this will speedily bring about decomposition or restoration if life is not extinct.—*The Lancet*, December 15th, 1888.

INTERMITTENT HYDRONEPHROSIS.—Under this heading, Dr. Leopold Landan, professor of gynecology at the University of Berlin, publishes four cases of a disease but little known (*Berlin Klinische Wochenschrift*, Nos. 47-8). The definition is limited to those cases where the pelvis of the kidney varies, from time to time, between distention and emptiness, in the absence of other disease which might exhibit this symptom—for example, passage of renal calculus, malignant disease of the bladder, etc. The symptoms described are more or less severe pain in the side,

lasting from hours to days, and recurring at intervals, associated with nausea and vomiting, general gastric disturbance, cardialgia, etc. The flow of urine is scanty during and profuse after the attack. The existence of a swelling which sometimes disappears may be known to the patient, or a hard, non-fluctuating tumor, separated from the liver by resonance, may be made out on palpation. As, after a time, the urinary elements of the fluid are reabsorbed, they may not be found by exploratory puncture, but the acidity of the fluid would be enough to fix the diagnosis. Dr. Landau maintains that spasm of the ureter alone would not be enough to account for the largely distended renal sac, and points out how the ureter may be occluded by torsion or tension, when the kidney is abnormally movable, or when pulled upon by prolapsed genitalia with cystocele, or when the ureter is inserted at a more acute angle. Thus, the pelvis is distended until the pressure is sufficient to overcome the obstruction. With each attack it loses elasticity, and dilates gradually into a large sac, which drags the kidney downwards, thus aggravating the mechanical disadvantage of the contained fluid, for the ureter is inserted then at the top of the sac instead of at the bottom, and is also in greater measure pulled upon, twisted, or "kinked." Finally, neither the recumbent position nor manipulation may be able to effect evacuation, and the cyst becomes permanent and the kidney atrophies. Of the cases, one went on, after repeated attacks, to pyelitis, and is interesting from the fistulous opening then made in the side having persisted, discharging clear urine for eight years, with but slight inconvenience to the patient. Two others showed a cessation of the symptoms during pregnancy—when the kidney was kept in position by the gravid uterus. One of them was relieved, on the recurrence of the attacks after confinement, by external pressure by means of an abdominal bandage. All the cases were women from 30 to 60 years of age.—*Br. Med. Journal*, December 15th, 1888.

EFFECT OF COFFEE ON THE URINE.—Dr. Dumont, of Louvain, has made a series of researches on the effect of coffee drinking on the urine, from which it appears that, though the diurnal quantity of urine is not seriously interfered with, its composition undergoes a very decided change. Dr. Dumont kept the subjects of his researches for some days on ordinary diet, the constituents of which were determined. During part of the time only was coffee added, the quantity being three cups—corresponding to about two ounces of roasted coffee—per diem. By regular and careful analyses of the urine, it was found that during the days when coffee was taken the urea passed was increased by about seventy-five grains. The effect on the urea was produced immediately after the coffee was commenced, and as soon as it was omitted the quantity of urea returned to that which it had exhibited previously.—*Journal of the Am. Med. Association*, December 2d, 1888.

PERIODICAL PARAPLEGIA.—Dr. Chas. L. Dana reports the case of a child nine years of age, who was subject to periodical attacks of paraplegia, which usually lasted from two or three days to two or three weeks. The attacks usually came on in the daytime, and followed a fall. They were accompanied by some increased discharge of urine, but with no disturbance of the bowels. In an attack seen by Dr. Dana the legs were somewhat rigid, and the knee jerks much exaggerated, but there was no ankle clonus; no anaesthesia or tenderness on pressure. Electrical examination showed some increase of sensibility to the galvanic current, but no loss of irritability or changed polar reactions. The child had no leucorrhœa or sexual irritation. Three days after she was first seen by Dr. Dana, she was far better and was carried into the clinic. By suggestions and persuasions she was in the course of half an hour got to walk, and did walk out of the clinic with a little help. The case was diagnosed as one of periodical hysterical paraplegia.—*Medical Record*, January 5, 1889.

PATHOLOGY OF CHOREA.—Jakowenko has examined the brains of six patients who died of acute delirium in the course of grave attacks of chorea. In all he found the same alterations. In the lenticular nuclei were observed numerous accumulations of peculiar corpuscles, of different forms and sizes, mostly in the neighborhood of the bloodvessels; these were probably the product of a hyaline degeneration. Where there were only a few of these he saw varicosity of the nerve fibres, or accumulation of pigment and detritus. In other parts of the brains nothing abnormal was found. In the brain of a patient suffering from acute delirium, but without chorea, none of these corpuscles were found. He thinks that the choreic movements are produced by nutritive disturbances in the len-

ticular nuclei, as these parts are often and readily irritated. In consequence of the anatomical conditions of the local circulation of these parts, their nutrition and functions may be readily injured by disturbances of the general circulation. This explains the frequent occurrence of chorea after articular rheumatism, endocarditis, and psychical disturbances.—*Centralblatt für Nervenheilkunde*, 22, 1888.

FARADIZATION IN THE CURE AND TREATMENT OF HYSTERIA.—As a result of experimentation in twenty-two cases of hysteria, Didier concludes that faradization is one of the best methods of arresting the hysterical attacks. In his experience it has never failed to abort an attack in simple convulsive epilepsy, while it is generally successful in hystero-epilepsy. In the latter attacks he considers it more advantageous than ovarian compression, which may injure the pelvic viscera, when frequently repeated, and is undesirable during pregnancy. Faradization thus therapeutically employed may sometimes clear up a doubtful diagnosis, as in epilepsy it will have no effect in stopping an attack. In those confusing cases where the two elements coexist, the hysterical element will disappear, while the epileptic manifestations will continue. The application consists in placing at the beginning of an attack the electrodes of a faradic battery along the course of an aura (for example, one electrode on the epigastrium, and one on the anterior cervical region when the aura is of the common gastric form), and allow a current of medium intensity to pass. When the tonic or clonic stage has been reached before the application can be made, one electrode should be placed upon the neck, and another in the hand, or each in a hand. Besides its abortive action, Didier thinks the treatment curative; applications being made whenever practicable during an attack, and general treatment being given, he asserts that they become less and less frequent, and finally disappear.—*Medical Analectic*, January 3, 1889.

A WOMAN WITHOUT A VAGINA OR PERINEUM.—Dr. Bonnain was summoned to an obstetrical case, and found the labor over, and the child alive and well. On examining the patient he found an extraordinary state of affairs. "Picture to yourself in short, that with this unfortunate woman, not as the result of an obstetrical mishap, but as a fault of conformation, there was neither anus nor perineum, nor fourchette, nor vulvar ring, nor sphincter of the vagina, nothing in short of that which constitutes that barrier, sometimes so difficult to pass, which is called the inferior strait. The whole was replaced by a frightful chasm, whose dimensions, particularly from above downward, were really immeasurable. The natural result of this was that the large baby, which during my examination was quietly sleeping near us, had no difficulty in getting out of prison."—*N. Y. Medical Abstract*, November, 1888.

INVERSION OF THE UTERUS—From a discussion participated in by members of the Obstetrical Society of New York it appeared that all the methods heretofore devised to effect a reduction of the inverted uterus frequently prove inefficient where the case is of long standing.

Dr. Mundé reported a case in which seven ineffectual attempts had been made before she came under his care. For an hour, by applying pressure to every available spot, he labored to effect reduction but failed. The contracted cervical ring resisted all the efforts effectually.

He then made an incision through the abdominal wall and proceeded according to Thomas's method to stretch the ring by a glove stretcher after it was made to appear from vaginal pressure below in the wound above, but although the attempt to follow up the dilatation by reposition of the fundus was repeatedly made, at the instant the stretcher slipped out of the ring, it contracted as firmly as ever, and proved an effectual barricade. A loop of stout silk was next passed through the fundus and a piece of rubber attached to it in the vagina, to keep it from pulling through the uterine tissue when traction was made upon the loop through the ring from above. Then dilating the ring with the glove stretcher, he again tried to draw the fundus up through it by making steady traction on the loop of silk, but the uterine tissue gave way, and the loop with the rubber suddenly appeared in the abdominal wound.

Having failed at reduction, an elastic ligature was tightly bound about the body of the uterus in the vagina, as near the vaginal vault as possible, the uterine appendages were removed, and the abdominal wound was closed; the fundus being left in the vagina to slough off at the point of constriction. On the thirteenth day, there was nothing but the stump of the cervix left, and recovery followed.

Dr. Priestly, of London, referred to a case he and Spencer Wells treated but failed. Afterwards Dr. Aveling's cup and elastic strap effected a reduction.

Dr. Fordyce Barker "declined to impose upon the society an account of his failures."

Dr. B. McE. Emmett produced an instrument he had devised to effect replacement. It consisted in a ring on three stems which was made to encircle the cervix. Stitches are to be passed through the cervix and traction made outward, counter pressure being exerted by means of the stems, which are secured by another smaller ring that presses against the fundus.

Dr. Byrne explained his apparatus as consisting of a ball and cup with movable bottom. The cup fits on the fundus in the vagina and keeps it from spreading. Counter pressure is made by placing a wooden plug in the abdomen so as to press into the cervical ring from above. As restoration progresses the movable bottom of the cup presses forward by means of a screw in the handle of the instrument, the cup in this manner gradually shallowing until the fundus is pushed through the cervix.

Dr. Polk alluded to incision through the cervix to get dilatation as practiced by Dr. Brown of Baltimore.—*Amer. Journal of Obstetrics*, December, 1888. B. F. B.

THE OPERATIVE TREATMENT OF THE HYPERTROPHIED PROSTATE—Dr. F. S. Watson, in a paper read before the Association of American Genito-Urinary Surgeons, advocates more frequent operative interference in these cases. The operations are divided into palliative and radical. In the former the bladder is drained by perineal urethrotomy, permanent suprapubic puncture, or suprapubic cystotomy. In the latter, either the central enlargement or the lateral obstructing portion is divided or removed. The indications for operation are, "inability to urinate spontaneously, frequent attacks of retention, difficult, very frequent or painful catheterization, impossibility of catheterization," and failure of local treatment for a purulent or hæmorrhagic cystitis. These constitute the minority of patients with prostatic hypertrophy. As regards the choice of operation, the radical are followed by no higher rate of mortality than the palliative, suprapubic puncture with retained cannula or catheter, as practiced by Dittel, being especially dangerous. Epicystotomy, on the other hand, is safer, drains better, particularly if the double tube be used, and, of course, offers the easiest avenue for removal of portions of the prostate. Perineal drainage, however, is superior to any other; it is almost without danger, and anatomically two-thirds of all enlargements can be reached by this route. Enlargements more than three inches from the junction of the membranous and prostatic urethra are beyond reach from the perineum, while a bladder of small capacity and non-distensible is a serious obstacle to an opening above the pubes. In considering the mortality of radical procedures the fact should be borne in mind that more cases die from unskilful catheterization than from all these operations. "Bad catheterization is indeed the most dangerous of all operations in these cases." As a rule perineal section and digital exploration should be the first step in any given case. If the growth be out of reach and the bladder not too small, epicystotomy will allow the operation to be completed.—*Annals of Surgery*, January, 1889.

WIRING THE OLECRANON PROCESS.—Dr. Thomas H. Manley reports a case in which good union followed wiring the broken ends of the olecranon process. A painter fell from the elevated railroad and fractured, among other bones, this process, the fracture being compound. The wound was thoroughly cleansed with bichloride solution, the broken ends drilled, and strong patella wire passed through. The fragments were drawn together, the wire well twisted and the ends hammered into the bone. Horse-hair drainage and Gamgee absorbent dressings were used. A right-angled iron brace was then applied and a plaster-of-Paris bandage from the hand to the shoulder, leaving the elbow open however. The man was covered with a syphilitic eruption at the time and the wound did not heal kindly, finally closing by granulation. At the end of five weeks the plaster cast was removed and the partial ankylosis gradually broken up by passive motion. Two months from the time of the injury there was firm union and good function.

This is his second case, both successful, the first being a simple fracture, and he claims for the procedure a legitimate place in surgery. Cleanliness and asepsis are insisted upon, as well as early passive motion, i.e., after the third week. In conclusion the writer advises against wiring any bones but the patella, olecranon and inferior maxillary.—*New York Medical Journal*, January 5, 1889.

AMPUTATION OF THE ENTIRE UPPER EXTREMITY IN THE CONTIGUITY OF THE TRUNK.—Mr. Bennett May reports two cases in which he amputated the arm with the scapula and more or less of the clavicle, according to the method of Paul Berger.

The first case was a girl, 21 years of age, with an ossifying, mixed celled periosteal sarcoma. It was as large as a cocoanut, encircling the shoulder joint, and had existed for two years. There was a secondary growth in the axilla and a nodule in the supraclavicular fossa.

The operation was performed as follows:

1st. That portion of the clavicle between the attachments of the rhomboid and coraco-clavicular ligaments was removed subperiosteally through an incision extending from one inch outside the sterno-clavicular joint to the outer end of the latter bone.

2d. The subclavius muscle being thus exposed was cut across, as well as the cephalic vein and branches of the acromio-thoracic artery, the latter being of course first ligatured. Berger's guide, the external anterior-thoracic nerve was used to find the subclavian artery, being easy to distinguish and leading up to the interval between the artery and vein. These vessels were then ligatured and cut between two silk ligatures, especial care being taken in cleaning the vein and the extremity being emptied by elevation before tying it. After securing the subscapular vessels there was no further danger of hæmorrhage excepting from the posterior scapular which was not cut until the close of the operation.

3d. Two flaps were then made:

(1) Antero-inferior, by carrying an incision from the middle of the first cut along the clavicle down the front of the shoulder, across the inner side of the arm to the angle of the scapula. The pectorals, the brachial plexus, and the latissimus dorsi and teres major were successively divided.

(2) Postero-superior flap, made by carrying an incision from the outer end of the clavicle down the back to the tip of the scapula. To accomplish this the patient had to be turned on the side and the arm carried across the chest. The integuments were then dissected up to the vertebral border of the scapula where the muscular attachments were severed. The removal of the supra-clavicular glands completed the operation. Union was rapid and in three weeks the patient was out. The tumor recurred in the cervical glands and killed the patient inside the year.

The second case was a boy 17 years old, with a large sarcoma of the upper end of the right humerus. The operation was identical and healing complete in a month. Up to date there had been no recurrence, the operation having been done in March last.

Berger's statistics show a mortality of one in two and a half in traumatic cases, one in five in pathological, and one in four and a half in cases that have previously undergone amputation at the shoulder or lower down.

The causes of death are hæmorrhage, entrance of air into veins, shock usually primary from injury, and wound diseases which are less to be feared with the present methods of treatment.

The indications for the operation are: Tumors extensively involving the scapula. Tumors of the upper end of the humerus, whether benign and of excessive size, or malignant and encircling the articulation or involving the scapula or its muscles, the skin over the deltoid, or the axillary glands. Lastly, cases of extensive traumatism.—*Annals of Surgery*, December, 1888.

ENUCLEATION DURING PURULENT PANOPHTHALMITIS.—It is claimed by most of our text books that there is very great risk of producing meningitis if we enucleate an eye while it is affected with panophthalmitis. Dr. Andrews in speaking of this subject says that he has only been able to collect thirty-six cases of death from meningitis following enucleation. Needling of a secondary cataract has been known to give rise to meningitis and death. While meningitis and death have followed enucleation in cases of panophthalmitis, still death has been caused by meningitis in cases of panophthalmitis in which no enucleation has been performed. Dr. Andrews has enucleated in twelve consecutive cases of panophthalmitis without having had a symptom of meningitis in one case. In all of these operations, the orbit was carefully washed out with a solution of the biniodide of mercury (1 to 20,000) after the enucleation. No compress bandage was used, the orbit merely being covered with several layers of carbolyzed gauze. The orbit was washed out

as frequently as the condition of the wound called for. The greatest stress is laid upon the necessity that the after treatment should be thoroughly antiseptic.—*New York Medical Journal*.

IMPURE WATER.—SOME SIMPLE TESTS FOR ITS DETECTION.—The growing popular knowledge of invisible impurities, and the necessity of a pure water supply, have caused a demand for a simple and convenient test. The following tests are recommended: Fill a perfectly clean quart bottle half full of water, cork and shake it; remove the cork and see if any odor can be detected at the mouth of the bottle, cork the bottle again and put into a warm place for a few hours, or set into a pan of hot water for an hour. Shake, uncork, and again test by smell. If an unpleasant or faint, or musty odor is perceptible, the water requires more careful examination. The second simple test is to evaporate a quart of water to dryness in a new pan or cup of tin, and note the character of the residue, and what happens when it is strongly heated in a metal spoon. If the sediment left after evaporation is small, and on being burnt in a metal spoon gives rise only to such an odor as comes from burning vegetable matter, the water is not greatly contaminated with sewage. But if the sediment is considerable in quantity, dark in color, and burns, giving off the peculiar odor of burning hair or other animal matter, then the water is foul.—*American Analyst*, January 3, 1889.

INHALATIONS OF OXYGEN.—Rehn, of Frankfort, has made use of inhalations of oxygen in a number of cases. A girl of twenty-one years, who had been sick one year, and under good medical service, was suffering from what was diagnosed as leucæmia. She had total loss of appetite, great debility, and could not walk. The anæmia was of a high grade. She had enlargement of the spleen and liver; there was moderate oedema of the lower extremities. A microscopical examination of the blood showed a great increase in the number of white blood corpuscles. Inhalations of oxygen, fifteen liters daily, were ordered, and their use persisted in for one year, so that the girl is now as hearty as one could wish.

A boy, eight years of age, had been sick nine days. There was great prostration, paleness with cyanosis, superficial and rapid respiration, very frequent and strong pulse, temperature above 104°, dulness over the left lower lobe, and posteriorly over the right upper and middle lobes, where there is insufficient breathing with râles which are stronger over the non-affected parts of the lungs. The threatening collapse induced a trial of oxygen inhalations. Immediate improvement followed. Convalescence was slow.—*Wiener Med. Wochenschr.*, November, 1888.

OXYGEN IN SCARLATINAL NEPHRITIS.—Grestwell treated nineteen severe cases of scarlatina with inhalations of oxygen gas, and the administration of oxygen-water internally. The latter was taken gratefully by the patient as it diminished the thirst and removed the nausea so often met with during the course of scarlatinal nephritis. By carrying a larger quantity of fluid to the kidneys it aided these organs in the throwing off of the epithelia clogging up the tubules, and also in the excretion of the specific virus. The inhalations were practiced every two hours or every hour or half-hour, according to the urgency of the case. About one-fourth of one cubic foot was inhaled at a sitting. In every case it removed the albuminuria. Convalescence was short and satisfactory.—*Exch.*

VALVULAR DISEASE OF THE HEART RESULTING FROM OVERSTRAIN.—Prof. Ray, F.R.S., and Mr. Adams, M.R.C.S., investigating the causes and influences of the work of the heart under physiological conditions, found it to be the result from the combined influence of two factors—namely, the pressure against which the heart has to contract, and the quantity of blood thrown out in a given time. They first increased the pressure by narrowing the aorta, when it was ascertained that the degree to which the systolic pressure within the ventricle could be raised as the result of such aortic stenosis, varied with different animals and with the nutrition of the heart at the time of the experiment. When overstrain of the heart is thus produced, both ventricles become greatly distended; and when the narrowing becomes extreme, a wave of regurgitation may be seen running outward from the heart at each systole along the systemic veins. On killing the animal after an experiment of this nature, the valves are found to present certain changes, consisting either of oedema or ecchymoses, with or without roughening of the surface of the flaps. In the mitral valve (which is most usually affected), these changes are most marked at, and, indeed, as a rule are confined to, the free margin of the flaps,

which come in contact during the closure of the valves. In the aorta (the second most frequently implicated) the change is of the nature of an oedematous thickening at the insertion of the flaps into the aortic wall. In regard to the second factor which influences the work of the heart—viz., the quantity of blood passing through it, they found the subject had received but little attention from physiologists, owing to the want of proper means to investigate the amount of blood entering and leaving the heart in a given time. The authors employed a new instrument, which permitted the volume of blood passing through the heart being accurately and conveniently measured. By means of this new so-called "cardiometer," it was found that unexpectedly wide variations of the work done by the heart result from changes in the amount of blood entering it. It was shown that the results thus obtained are of a kind fitted to explain a variety of hitherto obscure problems of physiology and pathology of the circulation. There has been an animated discussion as to whether the heart valves in the normal state are supplied by blood vessels. In the healthy valves of an adult dog, the author's observations have conclusively convinced them that vessels in the form of capillary loops are present only along the line of insertion of the valves, the greater portion therefore of the flaps, as also the chordæ tendinæ, being without vascular supply. Presumably, the discrepancies in the results obtained by various investigators depend upon the fact that in cases where the valves are thickened—a frequent occurrence—blood vessels are present. The nutrition of the valves, therefore, in health is largely dependent upon the lymphatics. From their investigations the authors had no hesitation in concluding that the new formation of fibrous tissue in the valves of the heart as a result of overstrain, and which is the commonest cause of stenosis of the mitral and aortic orifices, ought not to be called chronic interstitial endocarditis. They suggested the term "valvular pachynsis" as being less misleading (it implies coarseness of texture as well as thickening). In conclusion, they pointed out how well the facts and conclusions detailed fitted in with what is known as to the ætiology and morbid anatomy of so-called chronic interstitial endocarditis.—*The Lancet*, Dec. 15, 1888.

CASE OF PULSATING EXOPHTHALMOS.—Dr. A. Bronner read the notes of this case before the Ophthalmological Society of the United Kingdom. The patient, a farmer, aged 66, at the age of one year, had sustained an injury to his head through a fall, which immediately resulted in protrusion of the right eye. Pulsation and protrusion of it had been noticed ever since to such an extent, that he could never quite close the lids, but it had never caused him any trouble; his general health had always been good, and he had led an active life. The right orbit was longer than the left, and the right globe was dislocated downwards, forwards, and outwards, but could easily be replaced; it pulsed synchronously with the pulse. The movements of the globe were very limited in all directions, but there was no strabismus, and the sight was good; the cornea, iris, media, and fundus were practically normal, except for a few striæ in the lens. On auscultation of the eyeball a roaring continuous *bruit* could be heard, increased during the systole, and almost stopped by pressure on the carotid in the neck. A short time after these observations were made he had an obscure illness, in consequence of which the eye receded a good deal, and the *bruit* became less marked. The case was clearly one of arterio-venous communication between the internal carotid artery and the cavernous sinus, of traumatic origin. The distinctly continuous *bruit*, the fact that the eye could fall back into the socket so readily, and the absence of past or recent papillitis, were proofs against any other diagnosis. The case was of great importance, as showing that such a condition might become and remain stationary during so long a period as sixty-five years.—*The British Medical Journal*, Dec. 22, 1888.

URTICARIA AS A PROCESS OF TREATMENT.—Frankworsky urges flagellation of the skin with nettles as a very efficient remedy in anæsthesia, paralysis, and neuralgia. He has witnessed good effects from the same in locomotor ataxia. In asthma, dyspnoea, amenorrhœa, virile impotence, and rheumatic pains, it regulates the disordered functions. In favor of this procedure he cites the rapidity of its action, its innocuousness even after prolonged use, and the total absence of all irritation of the kidneys arising from it. It leaves no scars, and gives rise to no suppurating surfaces on the skin. The flagellation may be either local or general and should be continued until bullæ form. Its action is stimulating and refreshing, and highly appreciated by the patients.—*Fortschr. der Medic.*, 1888.

CREOLIN AND THE CHOLERA BACILLUS.—Alessi and Sirena, of Palermo, consider creolin the great destroyer of the bacilli of cholera and tuberculosis. Eight or ten drops of an aqueous solution containing three per cent. of creolin suffice to sterilize fully in five minutes bouillon containing a pure culture of these bacilli. On account of its innocuous nature it is preferable to all other antiseptics.—*Riforma Med.*

ICHTHYOL.—Rabe considers ichthyol the coming remedy in skin diseases. He prepares an ointment consisting of fifty parts lanoline, and three parts ichthyol, flavored by some aromatic substance. He uses this preparation in cases of eczema, intertrigo, or erythema.—*Fortschr. der Med.*

THE NEW ANTIPYRETIC, PYRODIN.—Under this name a new drug has been introduced, which has undoubted temperature-reducing qualities of a high order, the practical application of which, however, is much interfered with by its toxic action. Pyrodin contains as its active agent acetylphenylhydrazin ($C_6H_5N_2H \cdot C_2H_5O$), a crystalline powder very sparingly soluble in water. According to the clinical and experimental observations of Dr. Dreschfeld, of Manchester, which have been confirmed by M. Lepine, of Lyons, pyroдин acts in the same manner, but more powerfully than antipyrine, antifebrine, phenacetine; and it has also been effectively used in migraine and other forms of neuralgia, as in the lancinating pain occurring in locomotor ataxia. Great caution is required in its administration, as it is apt to produce jaundice, followed by anæmia, and even more serious symptoms due to hæmoglobinaemia. Milder toxic symptoms have occasionally followed the administration of acetanilide or antifebrine, and also of phenacetine; but as phenylhydrazin is a much more powerful poison than aniline, so also are the toxic properties of its acetyl compound much greater than those of acetanilid. In face of the poisonous properties of pyroдин, we must warn the profession against the use of this drug generally. In exceptional cases, and where other antipyretics have failed, it may be useful, but great caution should be used. Small doses only should be given, and at sufficiently long intervals to enable one to watch any toxic effects, with the first appearance of which the drug should be stopped.—*British Medical Journal*, December 29, 1889.

A CASE OF SULPHONAL POISONING.—Bornemann records in the *Deutsche Medicin. Zeitung*, the following case of sulphonal poisoning: A physician addicted to the morphine habit, which he had acquired in trying to overcome headache during the past twenty-eight years. On the evening of the 10th of May the patient took for the first time thirty grains of sulphonal, without effect, and it was only after a second dose of fifteen grains, and one-third of a grain of morphia subcutaneously, that he fell into a sound sleep of eight hours' duration. May 11th, forty-five grains of sulphonal were given at bed time without morphia; he slept till morning. May 12th one-third of a grain of morphia, at bedtime sixty grains of sulphonal; no sleep. During the night (1 A.M.), thirty grains of sulphonal; no sleep. Patient left his bed, acted like a drunken man, and fell several times; and when attempting to take hold of an object he would miss it. Pupils contracted. On the morning of May 14th the patient slept several hours. Even while in bed he believed himself drunk. On the same evening he complained of having the sensation of having two heads, two pairs of hands and double vision. From that time on the administration of sulphonal was discontinued, although the patient kept constantly asking for it. It was not until May 18th that all apparent symptoms of poisoning had disappeared.—*Medical News*, January 5th, 1889.

SULPHONAL.—Sulphonal attracts considerable attention as a hypnotic. Dr. Julius Schwalb refers to fifty cases of the most varied affection in which sulphonal was used. In sixty-six per cent. of these sleep was produced within three hours. In nervous cases the action was even more pronounced, in ninety per cent. of them the indications being successfully fulfilled. Dr. Schwalbe, consequently, recommends sulphonal as a good hypnotic, especially in cases of nervous insomnia, in doses of from 15 to 30 grains. Where the insomnia is the result of some direct organic distress, its action is more or less uncertain. It is readily taken, on account of its freedom from smell and taste, and does not affect the temperature, pulse, or respiration. In febrile affections, and in all cases of weak heart, it is to be guarded against. It is especially suited to children, and the insignificant disturbances which it occasionally produces are not of sufficient importance to be counter-indica-

tions for its employment. M. Matthes has employed it in twenty-seven cases, and also confirms the favorable position which the drug has obtained. He recommends that it should be given at least one hour before it is desired that sleep shall be produced.—*Therapeutic Gazette*, December 15th, 1888.

A CONTRIBUTION TO THE ETIOLOGY OF SEASICKNESS.—After the storm, which did so much damage along the Atlantic coast, a party of adults and children visited some of the resorts, to observe the effects of the storm upon the cottages. The house in which they were especially interested, as some of the party had occupied it during the past summer, had had its foundation washed away, so that one side had sunk and the whole house inclined at a considerable angle. The entire party went into this house, and the effect of the displacement of the lines of the rooms was to make them all more or less dizzy. One lady, with some effort, owing to the oblique position of the floor, succeeded in getting to the further end of the hallway, when she was so overcome by "sea-sickness" that she had to be carried out.—*New York Med. Journal*, December 22d, 1888.

THE USE OF DEFIBRINATED BLOOD IN CHLOROSIS.—Dr. Blonkvajeff (*Gaz. Clin. de Botkin*; *Reform. Med.*, No. 251, 1888) undertook a number of clinical experiments to study the therapeutic value of defibrinated blood. Thirty-one patients in various stages of chlorosis were given, twice daily, from two to four ounces of defibrinated calf's blood. The first dose (at noon) was taken in the fresh state, and the second dose, which, in order not to putrefy, had to be frozen, was taken at seven o'clock. Calf's blood is not so disagreeable to the taste as that of the ox or dog; according to the statement made by some of the patients it is pleasanter to the taste than many of the iron preparations. Only rarely did the patients complain of a sense of repugnance, and that only at the beginning of the treatment. Frozen blood has no taste at all, but when dissolved it was found less agreeable than fresh blood.

The results of the treatment were the following:

1. Upon the temperature. With patients in whom the temperature was slightly elevated, a return to the normal was noticed after a few days of treatment. The greater number of patients showed a subnormal temperature, which, under treatment, gradually rose to the physiological height.
2. The pulse, at first increased in frequency, became by degrees slower and rhythmical, and retained these properties no matter what position the patient assumed.
3. The dyspnea disappeared towards the end of the treatment. Patients who, at the beginning of the treatment, were easily fatigued on mounting stairs, could, toward the end, run up and down, walk briskly, and dance without effort.
4. The body-weight of the patients increased.
5. The appetite increased; the patients slept better and felt stronger.
6. The color of the skin assumed a healthy hue from the start.
7. Headache disappeared; the same was noticeable of other anæmic symptoms, such as toothache, lumbago, oedema of the face and legs, and perspirations, etc. All nervous excitement abated.
8. The bowel action became more regular; constipation was never produced; and even those patients suffering from diarrhœa could take the defibrinated blood, of course only in small doses.
9. The blood of the patients gained in hæmoglobin and red blood-corpuscles.
10. The quantity of urine and the chlorides therein contained were increased.—*Medical News*, January 12th, 1889.

EXTERNAL APPLICATION OF CHLORAL HYDRATE IN NIGHT-SWEATS.—Dr. Nicolai (*Gazette Médicale*) has obtained very favorable results from the use of chloral hydrate in the night-sweats of phthisis. Every night before retiring the entire body of the patient was sponged with the following:

R.—Chloral hydrate	. . . . .	ʒij.
Alcohol	. . . . .
Water	. . . . .	ʒā ʒijj.—M.

Should this not suffice, the patient's night-dress is saturated with this solution, then allowed to dry, and worn.

This mode of treatment also gave excellent results in the night-sweats of children, the results of phthisis. Two or three of these spongings will generally suffice to check a sweating which has persisted for two or three weeks.—*Bull. Therapeutique*, December 13th, 1888.—*Medical News*, January 12th, 1889.

MONTHLY RETROSPECT

OF HOMŒOPATHIC MATERIA MEDICA AND THERAPEUTICS.

CONDUCTED BY

CHARLES MOHR, M.D., AND EDWARD R. SNADER, M.D.,

WITH THE COLLABORATION OF

S. LILIENTHAL, M.D.,

HORACE F. IVINS, M.D., AND EDUARDO FORNIAS, M.D.

MATERIA MEDICA.

IODUM—From a critical examination of the provings of iodum, made by Dr. John P. Sutherland, according to the rules for analysis formulated by Dr. Conrad Wesselhoeft, he gives the following summary as reliable effects: Anxiety, irritability, low spirits; headache; weakness of vision; wan features; some alteration in taste; irritation of throat, manifested chiefly by smarting or burning sensations, dysphagia, and perhaps the formation of a pseudo-membrane; increase or diminution of appetite; nausea or vomiting; pain in the abdomen (colic); diarrhoea or constipation; increased excretion of urine (perhaps albuminuria); dyspnoea, hoarseness (to aphonia) and cough; pain in chest (and perhaps pleurisy); excitement and atrophy of several organs; irregular and increased frequency of heart action; quickened pulse; trembling of the extremities; rheumatic pains; weakness (debility), emaciation and nervousness; insomnia; chills, fever and sweat.—*N. E. Medical Gazette*, January.

STICTA PULMONARIA.—Dr. C. Carleton Smith read before the Lippe Society a paper on "Sticta Pulmonaria," from which we summarize the following symptoms: General confusion of ideas; the patient must talk, even though no one listens to him; sensation as if the scalp were too small, or drawn too tightly over the skull; darting, shooting pains in the right side of the head; catarrhal headache, even with nausea and vomiting; severe, burning pain in the eyelids, with soreness of the eyeballs, worse on closing the eyes or looking from side to side; constant desire to blow the nose, although no discharge follows; nasal mucous membrane so dry as to be painful; scabs form in the nasal passages quite rapidly and are difficult to dislodge; soft palate dry; patient cannot swallow without great pain; dry cough, invariably worse at night, preventing sleep; noisy, racking cough, with a splitting headache in the frontal region; laryngeal tickling causes incessant cough, the patient soon showing signs of being worn out; in some cases the cough becomes croupy; must lie down with the headache, but cannot with the cough. Among very peculiar symptoms are feeling as if the legs were floating in the air; pain passing through from sternum to spine, with sensation as if the abdomen were full of yeast, fermenting; pulsation, right side of the sternum down to abdomen.—*Homœopathic Physician*, January.

DIFFERENTIAL POINTS BETWEEN STICTA PULMONARIA AND OTHER REMEDIES IN NASAL CATARRH.—Stuffed feeling at the root of the nose is found under sticta and nux vomica. Nux vomica has fluent coryza by day, dryness at night, and a 3 o'clock A.M. aggravation. The sticta patient is better in the morning, worse in the afternoon. Sensitiveness to inspired air is found under sticta pulmonaria, rumex, kali bichromicum, phosphorus and dulcamara. Under rumex the parts are so sensitive to even the warm air of the room that the patient is forced to cover his head and face with the bedclothes or stuff a handkerchief in his mouth, while under kali bichromicum, phosphorus and dulcamara the patient must be exposed to the cold, damp, outer air in order to bring about this aggravation, and in *actea racemosa* the inspired air does not affect the larynx, but seems to penetrate to the skull and brain,

producing a cold sensation. Dryness of the nostrils is found in *sticta pulmonaria* and *arum triphyllum*. Under *sticta* there is no discharge, although the patient is impelled to repeatedly blow the nose, while under *arum triphyllum* the nostrils are dry and stuffed (in mouth breathers), there is a constant discharge, which excoriates the nostrils and skin of the upper lip (nitric acid has a somewhat similar symptom). So far as differentiation of excoriating discharges goes, it will be found that *cepa* excoriates the upper lip, *mercurius* the *alæ* and *columnæ* of the nose, while *arum triphyllum* excoriates both nostrils and upper lip, the left generally being the worst.—*Homœopathic Physician*, January.

THROAT SYMPTOMS OF DIOSCOREA.—Dryness, soreness, smarting and burning in the whole throat; belching of gas, but the throat is so dry it stops the gas; pain, extending to both ears; constant desire to swallow, but it causes nausea and shuddering; sharp, aching pain in both parotid glands; constricted feeling in throat, as from something tight about the neck, making breathing difficult; constant tickling in the larynx and bronchia causing cough.—Dr. James B. Bell, *Homœopathic Physician*, January.

THROAT SYMPTOMS OF INDIUM.—Dr. James B. Bell, in the *Homœopathic Physician* for January, gives the following indium throat symptoms: Uvula greatly enlarged; back part of pharynx covered with thick yellow mucus, very hard to dislodge; left tonsil swollen; pain and difficulty in swallowing; throat sore on the right side; dryness, throbbing, stinging soreness; relief in the evening, in the morning, from eating and from drinking cold water; tickling in the throat, inducing continued hawking; destructive ulceration of the uvula, soft palate and tonsils; cold sores on the lips; cracks in the corners of the lips.

KALI MURIATICUM IN PLASTIC EXUDATIONS.—The chloride of potassium is most prominently indicated where plastic exudation with progressive tissue metamorphosis has taken place. Long continued, the drug has been of service in pelvic cellulitis and in hæmorrhoids of firm consistency, the firmness produced by inflammatory exudative products. The *kali muriaticum* should be useful in chronic eye and ear troubles, such as otitis media, macula corneæ and atrophic pharyngitis.—Dr. Phil. Porter, *Journal of Obstetrics*, November.

THERAPEUTICS.

ARANEA IN NEURALGIA.—Dr. A. Houghton Birdsall relates the case of a lady, who, almost every night for two weeks, directly after going to bed, was seized with a terrible, sharp, neuralgic pain, confined to the left half of the lower jaw; the pain always being so severe as to necessitate her taking an opiate. The peculiarity that the pain only appeared on lying down when going to bed at night, never in the daytime when lying down, and never in the evening when sitting up, led to the prescription of *arana diadema*, one dose of which cured promptly.—*Medical Advance*, January.

CALCAREA CARBONICA IN NEURALGIA.—A lady, aged fifty-two, suffered daily for nine months from a severe neuralgia, for the cure of which all the usual medicines had proven unsuccessful. Her symptoms were: Aching in the right forehead, extending to the right eye, forcing the eye to close; pain in the occiput of a sudden, shooting character. The pain commenced about nine or ten o'clock every morning, continued for about three hours, and then gradually disappeared. A dose of *calcareæ carbonicæ* 107 m. Fincke, cured the case. Three months later she remained well.—Dr. B. Simmons, *Homœopathic Physician*, December.

CACTUS GRANDIFLORA IN HEADACHE.—A lady, aged thirty-two, eight and a half months gone in pregnancy, complained of frequent attacks of headache. (She had been subject to these attacks at intervals for several years.) The paroxysms always came on with a sense of numbness, felt first in the head and thence descending over throat and chest, with scintillation before the eyes, and a half-conscious feeling. At such times she always observed a very feeble, cardiac action, and the face became pale. Sometimes there was a sense of constriction like a band about the head. Gelsemium partly relieved, but *cactus grandiflora*, administered in the incipency of the attacks, prevented their recurrence. She is now free from headache.—Dr. Sheldon Leavitt, *American Homœopathist*, December.

RHUS TOXICODENDRON IN TRAUMATIC IRITIS.—Dr. Ussher, in a hairdresser, subject to erysipelas and scrofulous swellings, punctured a staphyloma for cosmetic effect, the appearance of the patient's eye injuring her business, as she thought. The day following the puncture there was choroiditis, and, on the third day, an iris green as grass. Fearing panophthalmitis, Dr. Ussher administered *rhhus toxicodendron* 2x, night and morning, and reports that every evil was gone in a week, with improved vision.—*Homœopathic World*, January.

SOME EYE REMEDIES.—Dr. Ussher says: "In ordinary conjunctivitis with trachoma and corneal mischief, the choice lies between belladonna, *rhhus toxicodendron* and conium. If there is great photophobia, *rhhus* would have my preference, except in children, when conium in any potency, 1x to 200, acts magically. (You can have no better proof that the 200th is an entity than here, and, if I had no other, I would feel quite certain that in twenty-four hours the spasmodically-closed eyelids would relax.)"—*Homœopathic World*, January.

FERRUM PICRICUM IN CATARRHAL DEAFNESS.—Dr. Robert T. Cooper, in the December *Homœopathic World*, reports the case of a woman, thirty-nine years old, who had suffered from deafness for over a year. The dulness of hearing was much worse when she took cold. She complained of pain on the top of the head, with buzzing; worse when she had a cold; the constant singing seemed to make her head ache; sensation of fullness below the ears; the membranes were slightly suffused and retracted. *Ferrum picricum* 3x was prescribed. At the time the prescription was made her hearing was six inches on the right and twelve inches on the left. In a week the hearing had risen to twenty inches on the right and fifteen inches on the left. When treatment was discontinued, about a month later, the hearing was twenty inches on the right and thirty inches on the left. All the subjective symptoms were also removed. There was no change made in the patient's mode of living; neither was the Politzer or other method of inflation resorted to.

STICTA PULMONARIA IN CHRONIC NASAL CATARRH.—Dr. C. Carleton Smith cured with *sticta pulmonaria* a chronic catarrh of fifteen years' standing. The symptoms upon which the prescription was based were: Constant blowing of the nose, no discharge following; dry scales frequently formed on the mucous surface, hindering nasal breathing.—*Homœopathic Physician*, January.

ON THE ACTION AND DOSAGE OF LOBELIA IN BRONCHITIS.—"Lobelia acts very quickly, and in dangerous bronchitis, with an overloaded heart, it does great things. The condition it helps is a desperate one (for which terebene in allopathic hands does deadly mischief), paralysis of the lungs is imminent, the bronchial tubes are loaded, and wheezing extends over every portion of both lungs; there is orthopnea, darkened color of face, almost livid, and deadly faintness. This is always my clue. First I give the strong acetic tincture, five drops every two or three hours, then less often, and the next day, when the storm has abated, the 1x."—Dr. Ussher, *Homœopathic World*, January.

THERIDION IN COUGH.—With *theridion* 200 Dr. B. Simmons cured, during measles, a cough having the following characters: Frequent, convulsive attacks; during the cough the head was spasmodically jerked forwards, the knees at the same time were jerked upwards toward the abdomen. The associated symptoms were: High fever, rapid pulse, great thirst, with desire for wine or beer; restlessness; complete sleeplessness, caused by a feeling of intense giddiness, directly the patient attempted to close her eyes.—*Homœopathic Physician*, December.

CACTUS GRANDIFLORA IN PAIN IN THE CARDIAC REGION.—Dr. Sheldon Leavitt, in the December *Homœopathist*, reports the cure of a case of pleurodynia in a multipare, who contracted the disorder following pregnancy. For her previous attack (she had several) her allopathic physicians could do nothing but advise a European trip. Dr. Leavitt struggled unsuccessfully for two months, but finally cured the case very promptly, when the following symptoms presented themselves and led to the prescription of *cactus grandiflora*: The attacks were occasionally so severe as to resemble angina pectoris; clutching in the spine; vertal headache, with weight and pressure; pains intolerable.

CONFIRMATION OF SOME BERBERIS SYMPTOMS.—A man, aged fifty-two, consulted Dr. B. Simmons, for what he called rheumatic pains in the legs. He felt he was losing his walking power, being unable to proceed more than about one hundred

yards at a time. After he had walked a short distance he was compelled to stop from a feeling of intense weariness, heaviness, lameness and stiffness of the legs, which fell sore, as if bruised. One dose of berberis 70 m Finske was prescribed. Improvement set in on the fourth day, and in a fortnight he was well.—*Homœopathic Physician*, December.

PHOSPHIDE OF ZINC IN HERPES ZOSTER.—Dr. Comstock reports two cases of "shingles" cured by the use of phosphide of zinc 3.—*Trans. Am. Inst. Hom.*, 1883.

SULPHUR IN AN ULCER AND ECZEMA.—Dr. S. Lilienthal reports the case of a lady who, an invalid for ten years, had been treated by European dermatologists for eczema without result. She also suffered from an open ulcer on the left leg. Two doses of sulphur 10,000 cured the ulcer in a short time, and the eczema in three months.—*Homœopathic Physician*, December.

KALI CHLORICUM IN EPITHELIOMA.—Dr. Georges Lemoine gives the case of a man 68 years old, who was suffering from an epithelioma of the face, with involvement of neighboring glands. He gave daily, internally, *Kali chloricum*, 2.0 in solution. In addition a local application was made, in the form of a compress, and twice daily a small amount of the powder was dusted over the part. In a short time the tumor grew rapidly smaller, and in less than two months was cured, including the enlarged submaxillary glands. The second case was that of an epithelioma of the great toe. It was treated in a like manner, and, as in the first instance, was speedily cured.—*Allgemeine Hom. Zeitung*, No. 24, December.

IPECAC IN MALIGNANT PUSTULE AND ANTHRAX.—In recommending the use of this remedy in these affections, Edwin Muskett says that of the fifty cases which he has treated in the past fifteen years, in all but five he has had good results. The drug is diluted with water and glycerine, the latter predominating. The mixture being of the consistence of broth is applied to the pustule and the surrounding œdematous tissues. He gives, internally, from 0.3 to 0.6 ctgrams of ipecac, two to three times daily. In a few hours an improvement is noted in the general condition; delirium ceases, fever abates, and on the following day the pustule is smaller, the eschar loosens, and the wound heals rapidly. "As cinchona is the specific for intermittents, and mercury for syphilis, so," he says, "is ipecac for malignant pustule and anthrax."—*Allgemeine Hom. Zeitung*, No. 23, December.

ANTIMONIUM TARTARICUM IN CHOLERA MORBUS.—Dr. E. B. Nash says that for the last twenty years he has found *antimonium tartaricum* the most frequently indicated medicine in cholera infantum. He usually employs it above the sixth for the following symptoms: Violent straining to vomit, with perspiration on the forehead; continuous nausea, vomiting and diarrhoea; vomiting of food with great effort, followed by debility, chilliness and sleepiness.—*Medical Advance*, December.

ZINCUM IN CHOLERA INFANTUM.—Dr. H. H. Houghton reports the cure of a case of cholera infantum, with *zincum* 6th, occurring in an eight-months old, bottle-fed, toothless child. The babe had just recovered from one attack, but had relapsed and was considered hopelessly ill. Symptoms: Frequent discharge of green mucus, little or no fecal matter, pain and tenesmus; face had a pinched, contracted look; face and head cool; eyes staring, pupils contracted; head thrown back and rolling on the pillow; crying out; starting in its sleep; sleeping with its eyes half closed; at times strabismus; throwing its limbs about; urine high-colored and passed at long intervals.

Dr. J. F. Patton reports the recovery of a case of cholera infantum under *zincum* 12th trituration, in an eight-months old child, in which hydrocephaloid symptoms were present from the start, the temperature running from 105° to 107° F., the pulse uncountable, and the child comatose. *Kali brom.*, *helleborus*, *belladonna* and *bryonia* had been given unavailingly.—*Trans. Am. Inst. Hom.*, 1883.

"BABY THERAPEUTICS."—Under this caption Dr. Z. T. Miller, in the December *Medical Advance*, gives indications for the remedies usually applicable for the ordinary complaints of childhood, from which we summarize the following:

Ethusa.—Bad humor; restlessness; irritability; child lies unconscious, pupils dilated, staring eyes, drawn line from the nose to the corner of the mouth; violent vomiting of curdled milk so soon as taken; stools bright and yellow, greenish water and slimy; violent tenesmus; drowsy after stool.

Antimonium Crudum.—Child may be delirious; drowsy, with nausea, hot and red face (æthusa, pale, drawn, suffering); pulse irregular; feverish heat; *cries when washed in cold water*, better washed in warm; *peevish and fretful, does not want to be touched or looked at* (resembling antimonium tartaricum, cina, iodium, silica); belching, vomiting of mucus and bile, renewed after taking food or drink (arsenicum); stomach weak, easily disturbed; *milky tongue*; stools watery, with little hard lumps, or containing undigested food.

Antimonium Tartaricum.—Child will not allow himself to be touched without whining and crying; face pale and sunken (antimonium crudum, red and hot); tongue covered with a thick, white, pasty coat, red in streaks, very red and dry in the middle (antimonium crudum, thick and white); absence of thirst, or desire for cold drinks; forcible, long-lasting vomiting, until faint, followed by languor and drowsiness; sweat on the forehead; desires cooling things; stools watery, slimy, bloody, offensive.

Arsenicum.—Great anguish and restlessness; capitious, self-willed and tearful; wants to be carried (chamomilla); face pale; vomits everything; stool makes the anus sore; black, acrid, slimy, offensive, green mucus stools.

Baryta Carbonica.—Mental weakness; big head, big belly, thin legs, enlarged lymphatics; does not play, sits in the corner and watches others; face sad and sorrowful; sensation of hunger; no vomiting; abdomen distended and hard; burning and soreness around the anus, as if excoriated; frequent passage of blood, with distended abdomen.

Benzoic Acid.—Child wants to be nursed in the arms, will not be laid in the cradle or bed; stools, dirty gray, like soap suds, and of horrible odor; urine dark and strong; much exhaustion; cold sweat on the forehead.

Calcarea Carbonica.—Peevish and irritable; profuse sweats upon the head when sleeping or nursing; head large, fontanelles open; abdomen hard and distended, otherwise emaciated, with good appetite; sour vomiting, or regurgitation, particularly of sour food, milk, etc.; painful and difficult urination, urine clear, but having a peculiar, strong, pungent, fetid odor.

Calcarea Phosphorica.—Anxious, peevish, fretful, wishes to be at home, and when at home to go out; goes from place to place; sharp pinching colic, followed by diarrhœa; aching soreness of abdomen, relieved by passing flatus; oozing of bloody fluid from the navel of infants; frequent and easy vomiting; vomiting when hawking phlegm; diarrhœa during dentition, with much flatus; loose and green stools.

Silica.—Obstinate and headstrong; cries even if kindly spoken to; dentition difficulties; large head; open fontanelles; profuse sour perspiration over the whole head; hot, hard, distended abdomen; wants to be wrapped up warmly; thirst; prefers cold things; averse to warm, cooked food; averse to mother's milk and vomits when taking it (probably because it is warm); nausea, vomiting of what is drank, worse mornings; stools of many kinds; if constipation exists, the stool is hard and slips back after partial expulsion.

Chamomilla.—A howler and hustler; howls if not carried; whining restlessness; wants this, then that, which, if offered, is refused (a peculiar cussedness, found also under cina, dulcamara, rheum and staphisagria); redness of one cheek; red and itching rash; vomiting of sour food and slimy mucus; tongue coated thick yellow or white; hot moist skin; mixed green and white mucous stools; chopped white and yellow mucus; hot, small, frequent stools, smelling like bad-eggs; colic before and during stool, relief after.

Cina.—Does not want to be touched; can't bear you to come near it; desires things which are rejected; not pleased or satisfied with anything; uneasy and distressed all the time; hard, swollen face, pale, particularly around the nose and mouth; disposition to pick the nose or bore the finger in it; white, turbid urine; white, jelly-like urine; restless sleep, wakes frequently, or frequently changes position, wakes, crying; kicks the clothing off; will not sleep without rocking; grinds the teeth; stools involuntary, greenish, slimy or white mucous, with colic before the stool.

China.—"Won't-do-it" child; stubborn; disobedient; longing for dainties; face pale, or at times red; restless at night; thirst for small quantities of water; distended abdomen, tympanitic from flatus, large quantities of which are emitted; yellow, watery, undigested, painless, involuntary stools, after eating, at night, from fruit, after severe disease; after loss of fluids; great weakness; inclined to sweat; night sweats; tongue coated white or yellow.

Graphites.—Impudent, teasing, laughs at reprimands; distended abdomen; thirst, to cool internal heat; weak; inclined to stretch; stool of brown fluid, mixed with undigested substance, of an atrocious odor; dark brown, fluid stool, smelling like rotten eggs; taste like rotten eggs in the morning; scabby eruptions.

Rheum.—Asks for different things impetuously and with crying; dislikes even its favorite things; the baby smells sour; the stool smells sour; colic and tenesmus after stool.

Magnesia Carbonica.—Sour stool, looking like the scum of a frog pond; bloody mucus, tenesmus during and after stool; wants various kinds of food, which becomes repugnant so soon as a little is eaten.

Capicum.—Clumsy, awkward, especially with headache; awakens with fright, screams and remains full of fear; wakens cross, kicks, scolds, or terrified as if dreaming; stools of bloody mucus, tenacious mucus, streaked with black blood; worse after drinking; worse after current of air; cutting colic before and during stool, with burning and tenesmus at the anus after; thirst, but drink causes shuddering; strangury.

Coffea.—Cries and laughs while the tears are rolling down its cheeks; cries and laughs alternately; wide awake, no inclination to sleep; liquid, fecal and offensive stool.

Zincum.—Brain affected; cross toward evening; dry, hard, insufficient stool, expelled with much pressure; involuntary, with stupor; pitch-like; face alternately pale and red; waxy white or yellow face; cold sweat on the forehead.

Cuprum.—Cross, irritable, changeable mood, or indifferent and dull (brain affections); diarrhoea, squirts out, much wind passed; sleepy, with inability to sleep, or heavy and comatose sleep.

Cuasticum.—Timorous, fears to go to bed alone, stool knotty, like sheep's dung, or liquid, fecal, white mucus; aggravation by cold air striking the abdomen; after fresh meat; after stool, nausea, salt water-brash; aversion to sweet things; fresh meat causes nausea and water-brash; smoked meat agrees; emesis; involuntary urination when coughing or walking.

Pulsatilla.—Peevish, pale, changeable, chilly; vomits after stomach is chilled or deranged by fruits, pastries, etc.; stools watery, only, or usually, during the night, sometimes involuntary; greenish yellow, slimy, very changeable; stools like bile, preceded by rumbling in the abdomen; tenesmus; discharge of blood and mucus during stool; face pale, fainting; thirst rare, or drinks little and often, water provokes inclination to vomit.

Aconite.—Spells of rage; ailments following anger and chagrin; fever, red, hot, restless, cross; thirst continuous and for large quantities; stools frequent, scanty, loose, with straining; small, brown, pain; bloody dysentery; chopped-herbs stools; inflammatory diarrhoea during hot days and cold nights.

Ferrum Phosphoricum.—Skin hot and dry; great thirst for much water; stools frequent, green, watery, or hashed, mixed with mucus; straining at stool, also retching; child rolls its head and moans; eyes half open; face pinched; urine scanty; pulse and respiration accelerated; starting in sleep; stools contain undigested food, of pure blood, bloody mucus, or bloody scum; yellowish or whitish brown, with blood; like bloody brine; green, watery, or green mucus, with blood, no pain; blood dark or light; sudden, deathly sickness at the stomach; after eating, nausea and vomiting, sour, setting the teeth on edge; complaints during dentition; aggravation of bloody, serous stools, from midnight until morning; retention of urine with fever; nose-bleed of bright blood during summer complaint.

Magnesia Phosphorica.—Spasmodic, intermittent colic; relieved by bending double, by heat, by eructations; diarrhoea or not; bloated abdomen, with spasms; spasms during dentition.

ZINCUM IN HYSTERICAL RETENTION OF URINE.—Dr. B. Simmons reported, in the December *Homoeopathic Physician*, the case of a hysterical woman, aged 35 years, whose urine had been drawn by a catheter every morning for nine years, and who suffered from obstinate constipation and an innumerable number of ever-shifting symptoms. After nine months' unsuccessful treatment Dr. Simmons elicited the symptoms: On looking up she felt dizzy and saw showers of gold descending. Finding the symptom, "when lifting up the eyes he sees luminous flakes," under *zincum*, in Lippe's *Materia Medica*, the doctor prescribed that medicine in the 200th. After three months' treatment the bladder acted spontaneously, the constipation disappeared, and health was restored.

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AMERICAN VS. EUROPEAN OBSTETRICS.

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FEW to-day question the accuracy of that famous assertion of Napoleon I., "A country's greatest need is *mothers!*" To no other country is the truth more apposite than to that whose government is by the people for the people. It then can be no idle curiosity which prompts the inquiries: "Has transplantation influenced in any manner the adaptability of woman for maternity? Have the changes of environment and of treatment enhanced or diminished its perils?" With the hope of shedding some light upon this subject, the following comparison has been instituted:

My estimate of the capabilities of American women (and by American women I mean those of European extraction at least twice removed) is based on facts revealed concerning them during an investigation, continued through nine years, of their peculiarities as encountered by members of the American Institute of Homœopathy in their professional careers. Data supplied from extraneous sources have been so limited as to be entirely inconsequential. In every case each testimony has been subjected to the most rigid scrutiny, and whenever there has been any occasion for decision or division, the burden has been thrown upon them. If in any particular the statement varies from absolute accuracy it is towards the side prejudicial to their physiological character. Consequently the actuality will be found to be better than the delineation. The particular form in which any fact concerning them may be stated, was determined by

its availability for prompt comparison with the statements of recognized authorities.

Not less in accordance with the fitness of things than with the laws of gravitation and of mechanics is the circumstance, that that being whose strength and power reside exclusively in the brain reveals first its size and contour as he appears on the stage of independent existence. Gratifying is it to discover, therefore, that among that people who account intellect everything and pedigree nothing, in 95.6 per cent. of all births nature accomplishes her perfect work and vertex presentations obtain. The highest proportion reported by any single observer that has come to my notice is 93 per cent. by Depaul. Spiegelberg, by the collation of private practices, attained a fraction over 97 per cent. It follows, therefore, that the clientages referred to must have been most select, far removed in social position from hospital frequenters. My impression is that I have seen somewhere that a general collator found the grand European percentage to be 95. Scandinavia and other northern countries usually omitted were included in this calculation. The physical benefits accruing from immigration thence are, therefore, no less striking and important than the intellectual and the moral.

Breech presentations rank second in order of frequency among our native women. They occur once in 47 confinements. On the continent, most accoucheurs have met them once in some 30 cases, though Depaul found one in every 26, and Hecker, in a very limited number of accouchements, once only in 84. Milne, of Edinburgh, gives the rate as one in 60, but without particulars. The amplitude of American pelves and the rarity of multiple pregnancies sufficiently account for the happy escape of so many of our women from this complication.

Face presentations with us, as with others, occupy the third position; the proportion of such births, however, is far greater here than abroad. There the average ranges, according to the observer, from one case in 247 births to one in 147, while my correspondents have met them as often as once in 70. This remarkable excess is readily accounted for; the cause is the price of one charm of American femininity. Delicacy of organization may not be incompatible with gutta-percha uteri and leathern abdominal parietes, but ordinarily they are dissociated. Laxity of tissue in our ladies will never impel the intelligent to seek a life-companion among the associates of their laundress and janitress.

Of trunk presentations some recognize two varieties, as the shoulder when only that portion of the body descends, or a single elbow or

hand, and the cross when a middle part of the trunk is engaged, or a hand and foot simultaneously. The former occurs once in 180 cases, the latter once in 310; combining we find a trunk presentation once in 114 cases. Across the pond, it is looked for anywhere from the 115th to the 125th, although one gentleman found it in every 86th. Pelvic amplitude and structural elasticity abundantly explain the existence of this complication.

Brief reference to multiple pregnancies is not out of place. In England the accoucheur meets twins at the 63d confinement, in Germany at the 84th, and in France at the 92d; but among our native women they are not found until the 107th. Triplets appear once each in 4311 English childbeds, 7182 German, 7388 American, and 11,105 French. Quadruplets are strangers, practically, to French and American families. The notorious excess of supply to demand in the matter of babes, especially in our towns and cities, renders the seeking of other causes for the apparent infecundity of our women a work of supererogation.

The mechanical complications of parturition may well be grouped together irrespective of time and cause of manifestation, although the natural order will be followed as closely as possible.

Accidental hæmorrhage occurs once in 1638 pregnancies, with a maternal mortality of 5.55 per cent. and an infantile considerably greater. A Scotch authority places the maternal death-rate at 13.23 per cent.

Placenta prævia is found in American women once in 1300 confinements. Including all varieties, the maternal mortality is 8.88 per cent., and the infantile 35.55 per cent.; but if we regard only the partial, the maternal is only 1.75 per cent., and the infantile 19.3 per cent. Charpentier gives the maternal death-rate as varying from 25 per cent. to 32 per cent., and the fœtal from 56.91 per cent. to 68.87 per cent.; but his translator interpolates a couple of pages abstracting Lomer of Berlin's paper in the *American Journal of Obstetrics* for December, 1884, which reports a maternal loss of 4.5 per cent. Let it be remembered, however, not only here but continuously through the comparisons, that the general practitioners, whose experience is the exclusive basis of this report, were often separated by miles of rough road from their patients, that frequently the unfortunate women were apparently moribund upon their arrival, and that when ready for work the physicians were obliged to content themselves with such conveniences and such assistance as were at hand. For information concerning the methods by which

they achieved their success, consult the *Transactions* of the American Institute of Homœopathy, session of 1880, pages 423-431, reading "extrusion" for "extension" in the sixth line of page 429, and omitting the first "and" in the sixteenth line of the same page.

Forceps are resorted to by our practitioners in 10.5 per cent. of their confinements. At the Paris Clinic from 1852 to 1880 they were employed only in 2.7 per cent. of the labors, and at the Maternité from 1848 to 1877 but in 1.27 per cent. Furthermore, among 83 German, Russian and Swiss maternities and clinics during various years from 1779 to 1865, in only eight places were they called into requisition oftener than with us. The epoch determines nothing, for the earliest operator was surpassed in the frequency of their employment by thirteen only. The general average of the entire number is but 3.29 per cent. Finally, of the twenty-eight British establishments, between the years 1803 and 1862, in one only were the forceps used oftener than among us, and in but one other anything like so often; the third employed them only in $3\frac{1}{2}$ per cent. of his cases, while the general average of all authorities is but $\frac{1}{2}$ per cent. Whether this European infrequency is due to the toughness of the women, or to the greater toughness of the doctors, I will leave for others to indicate. Certain it is, that American women, with their higher nervous development, cannot abide by such neglect, and ought not. He who stands idly near and allows his conscious or unconscious patient to continue in travail, when by a judicious use of the forceps she can be delivered promptly, safely and pleasantly, is a brute! Proverbial keenness of insight and readiness of adaptability have already served, not only the American profession, but especially its patients, a good turn, although there is room for improvements in certain quarters. Note Institute *Transactions*, 1882, page 425.

Parenthetically it may be remarked that some anæsthetic is regularly employed in the lying-in chamber by 84.56 per cent. of our physicians, though the frequency of its use varies with the individual from "rarely" to "almost always." Chloroform has twice as many devotees as ether; a very few mix them.

Turning is accomplished by us once in 103 confinements, by the Germans once in 88, by the French once in 110, and by the English once in 313. In the Paris Clinic between 1852 and 1880 it was performed once in 126 cases, in sundry German, Swiss and Russian maternities from 1789 to 1865 once in 88, and Sickel reports that in nearly half a million of births it was effected once in 118 cases. I

have no figures bearing on the mortality following this procedure, but my impression is, that if timely executed, and ordinarily skilfully, the mother's safety is practically unimpaired and the infant's risk increased only to that of ordinary breech presentations.

Craniotomy, by which term I mean the more or less complete destruction of the foetal head, irrespective of the means employed, has been resorted to once in 879 labors, with a maternal mortality of 8.7 per cent. Decided preference is shown for the cranioclast, the cephalotribe being used only two-thirds as often, and then in many instances with disfavor. In German maternities the operation has been performed once in 540 labors. The mortality at the *Clinique* from 1852 to 1880 from cephalotripsy was 29 per cent., and a series of 122 similar operations by others gives a death-rate of 38.52 per cent. Simpson, the inventor's, loss with the cranioclast was 20 per cent., although Fritsch reduced it to 17 per cent., and Bidder, from 1873 to 1875 used the instrument *thirty-two times successfully* ! The plenitude of deformed pelves across the pond explains at once the greater frequency there is of this and kindred operations, and the heavier mortality. It may well be observed in this connection that the cranioclast should be used in all cases where there is liability of injuring unduly the parturient canal through the intensity of the force requisite to extract a foetal head with forceps. The well-authenticated anecdotes that occasionally come to our notice of wonderful gymnastic feats at the lying-in bedside by groups of muscular and ponderous men are alike unseemly and barbarous.

Requiring only passing mention are the facts that evisceration (destruction of the foetal body) has been required once only in 12,956 cases, and decapitation once in 51,825, all being accomplished without maternal loss. Cæsarian section was resorted to once in 12,956 ; the mortality was heavy. People prefer deferring radical methods of treatment until satisfied their friends are moribund.

Rupture of the uterus is met with once in 9077 cases when consultation practice is included in the calculation, but only once in 24,951 if private cases alone are considered. The prognosis is grave and is largely dependent on the promptness with which the services of a skilful surgeon can be secured. In Europe, the accident occurs once in from 3403 to 940 accouchements. Our comparative exemption is to be ascribed chiefly to the greater preponderance of normal pelves, to the earlier resort to forceps and to the infrequent use of ergot. Moreover, Americans are not given to beating and kicking their wives.

Inversion of the uterus was encountered once in 3319 labors, two-thirds of the cases being consultation. Of the entire number, four-ninths were complete and five-ninths partial. The mortality was 14.82 per cent., occurring entirely among the consultations. The prognosis is not serious, provided the accoucheur has sense enough to recognize the accident and sufficient presence of mind to remedy it. While it cannot be denied that a fraction of the cases are due to the ignorance or stupidity of the attendant (often, but not always, an illiterate midwife), a considerable portion occur spontaneously and result from the excessive development of nerve tissue as compared with muscular.

Thrombosis of the labia has been found once in 7470 cases. It is possible, but not probable, that death will result. Across the water it varies in frequency from one in 467 labors to one in 1800. Thrombosis of the nobler organs (brain, heart or lungs) we have met once in 14,104 confinements. The entrance of air into the circulatory system has not been noted.

Brief attention to the more common complications of gestation and parturition, ordinarily considered susceptible to medication, may repay us by throwing light on the health of our women and on their strength of constitution.

Hysteria has been treated in child-bearing women by 27 per cent. of our physicians without resulting evil, and 10 per cent. have treated epilepsy in the same class without damage to the mother and a mortality to the foetus of only 7 per cent. Their experience thus corroborates the statement of Charpentier, that the influence of these disorders on pregnancy is practically *nil*. On the contrary, 10 per cent. of my correspondents have treated ladies suffering from chorea without supervening damage, while the author just cited gives the percentages of miscarriages and premature births as ranging from 33 per cent. to 58 per cent. and the maternal mortality as from 29 per cent. to 35 per cent., some women being undelivered.

Cardiac difficulties have obtruded themselves upon the notice of but 8 per cent. of our physicians. These report simply an infantile mortality of 25 per cent. The only European authority at hand gives a *maternal* mortality of 37 per cent., one-sixth of whom died before delivery. The foetal loss was unmentioned. For a lucid exposition of the cause of this terrible loss of mothers, see Sturtevant's discussion of the subject in the Institute's *Transactions* of 1888. Similar arraignments might be made of the "scientific" treatments of other disorders mentioned in this section.

Measles have been found on both sides of the Atlantic to be innocuous to gravid women. Two Europeans give their percentage of abortions and premature births as upwards of fifty, and two others state these occur "almost always." Our own loss is but 25 per cent. Eight physicians in every hundred have treated this complication, indicating a far greater prevalence of the disease in this class than obtains abroad.

Scarlatina, Charpentier affirms, "terminates in abortion in the case of every woman, in death in the majority." He also states that "although not absolutely rare among the complications of labor," it is "the exception during pregnancy." Six per cent. of our practitioners have treated the disorder coincident with gestation and lost but 9 per cent. of the mothers and 18 per cent. of the children. Seven per cent. have treated it during the puerperal state with a loss of 62 per cent. of the unfortunate women.

Variola has been observed more frequently in the *enciente* than other eruptive fevers, 10 per cent. of our physicians reporting cases with a maternal loss of 15.39 per cent., and a foetal of 46.15 per cent. Only two series of European cases have come to my notice, in one of which 17.2 per cent. of the mothers died—31 per cent. aborting, and in the other, 38.2 per cent. died—46.8 per cent. aborting.

Typhoid fever has occasioned the death of 12 per cent. of the pregnant women who suffered from its infection under the observance of every tenth of our practitioners, and of 24 per cent. of the infants. Charpentier reports miscarriages in 52.8 per cent. of such women, and premature labors in 4 per cent.; or, taking into account the very slight probability of the survival of any of these untimely adventists, as indicated by himself, the total infantile death-rate is at least 55 per cent., and more probably 56 per cent. He naïvely adds, "The prognosis as regards the mother is more favorable." So mote it be!

Malaria in the *enciente* has been found to be attended with *no serious consequences* by the 23 per cent. of our number who have prescribed for such ladies. Across the pond pregnancy is interrupted in 41.3 per cent. of similar cases.

Pneumonia has been attended with a loss of 14.28 per cent. to mother and to offspring (not always two deaths in a single case by any means) in the hands of the 19 per cent. of our physicians who have attended them. In Europe "Statistics presented by authorities correspond in fact to every period of pregnancy, and the important

fact deduced from these observations is that pneumonia almost certainly causes abortion, and that a considerable number of women die." Five savants lost 21.1 per cent., 35.8 per cent., 39 per cent., 75 per cent. and 92.8 per cent. respectively. Three of these give their miscarriages as 48 per cent., 60 per cent. and 69 per cent., without specifying the condition of those born at term.

Of consumptives who become pregnant it is probable 25 per cent. will die within a year from their delivery. Across the water 64 per cent. have died within that time. Of the children 13 per cent. will perish during the first year, but 50 per cent. will attain middle life here, but there only 37½ per cent. of such children maintained good health, 62 per cent. became scrofulous, and 23 per cent. died of tuberculosis alone before attaining their seventh year.

Eclampsia is met with in this country once in 276 confinements; in Europe, once in 354. With us, the maternal mortality has been 22½ per cent.; there, nine authorities range from 24 per cent. to 55 per cent., a tenth has lost only 22 per cent. and two others only 16 per cent. each. Special success, however, is ascribed to the use of chloral, the claim being set forth that by its exclusive use the death-rate is reduced to 4 per cent., and even when employed after or with other instrumentalities, the loss is only 8.49 per cent. Our infantile loss is 31½ per cent.; there, it ranges from 45 per cent. to 53.34 per cent. Only a portion of my cases were reported so as to render them available for the next comparison, but if patients are divided into three classes according as the attack supervened before, during or after labor, our mortality is 40 per cent., 26½ per cent. and 18 per cent. respectively, against 38.46 per cent., 31.74 per cent. and 32.26 per cent. across the tide. Our infantile mortality is 80 per cent. and 30 per cent. for the first and second classes, against 60 per cent. and 37 per cent. These figures demand careful consideration. If the immediate occasion of puerperal convulsions is the presence in the circulatory system of an abnormal substance, chemically, mechanically or otherwise irritant to the nervous system, as certain common, well-nigh inevitable symptoms indicate, is it not our duty, as disciples of Hahnemann, to render the organism proof against its influence until the poison shall have been eliminated through the proper channels by appropriate medication? Compare the *Organon*, § 7 and note, with other portions of the same work.

Puerperal fever has been found 99 times as a sequel of 43,322 confinements. From this disorder, 31 deaths ensued, either directly or indirectly. Hence, we have an average frequency of one case in

438 labors, one death in 1398 and a mortality of 31.3 per cent. The death-rate, according to the total number of confinements, is 0.072 per cent. Exact pertinent European statistics, I do not have at hand. In one of their best equipped institutions, however, there is a loss of 8 per cent. of the entire number of their patients from this cause. One gentleman who only had five cases in 4000 accouchments, covering a period of forty years, is justly held up as an example.

Phlegmasia alba dolens has never been witnessed by 34 per cent. of our practitioners, and 13 per cent. more have not seen over two cases. None have lost a patient from that cause.

Practical Conclusions.—1st.—When I take unto myself a wife, it will be some thoroughbred American girl, *if she will have me!* 2d.—Not only she, but all others, myself included, will be treated to the best of my ability in accordance with the principles of specific medication; that medication which consists in the administration of a single definite drug (in such form as may commend itself to the prescriber) for a given group of pathological phenomena, wherever and whenever found, provided said phenomena are not due to the presence of mechanical or chemical causes. Any departure therefrom may be ascribed to ignorance of that which I am morally obligated to know. 3d.—Whenever I shall find myself in a scrape that I cannot clearly see my way out of, I will unhesitatingly call for assistance upon my fellows, knowing full well that readily I can go further and fare worse; or at least, my patient would!

A NEWLY DESCRIBED FORM OF DEAFNESS.

BY ROBERT T. COOPER, M.A., M.D., LONDON, ENGLAND.

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To one form of abnormal hearing the *Paracusis Willisii*, or the hearing better in a noise, the profession has given a distinct and separate denomination. And the justification for so doing is unquestioned.

For this reason it seems to me perfectly reasonable to describe as a separate and distinct form of deafness that in which patients experience pronounced and noticeable difficulty in distinguishing, or even in hearing *distant* sounds of all kinds.

The superficial observer will declare this a characteristic of all kinds of deafness: the student of symptoms will, however, recognize in this peculiarity a feature observable and noteworthy, and in every way justifying separate and pointed reference, and one by no means common to all cases of imperfect hearing.

The two cases that follow will establish our contention that this form of deafness is a separate affection and that it requires one special remedy.

CASE I.—Emily A., a delicate pale-faced woman of 41 years of age, an upholsteress, living in Pimlico, was admitted under me, at the London Homœopathic Hospital, 9th July, 1887, having been treated previously by two well-known homœopathic practitioners, with deafness, which she had had for ten years, in both ears.

There was no history of otorrhœa or otalgia; the right membrana tympani was white and anæmic, the white appearance being particularly pronounced along the malleus handle, and the appearance of the left was similar, but more opaque and anteriorly retracted.

She had had pleuritis five years ago which had weakened her a good deal and made the deafness worse.

She feels weak and suffers from headaches chiefly vertical and frontal, and the monthly illness has ceased for some two years. Her bowels are regular and appetite good.

But the prominent and distinguishing feature of her case is that she is *completely deaf to distant sounds*. The watch hearing is: right, 20 in., left, 30 in. Prescription: Ac. tannic. 12, three drops daily, to go over a fortnight.

July 23d, 1887. Hearing much better, head has ached off and on the last week. Feels much stronger and better, and can certainly hear very much better at a distance.

To be without medicine for a week, and then to take a pilule of Ac. tan. 12., t. d., for four weeks, after which to remain without medicine.

Oct. 1, 1887. Hearing keeps good and is altogether wonderfully better, but has some tinnitus in the right which causes headache. Nerves very much stronger; has been one month without medicine.

The tannic acid confined the bowels, and she has felt weaker since leaving it off. Prescribed, a pilule of Ac. tan. 30, t. d.

October 15th. In every way improved except that the medicine still confines the bowels. Tinnitus quite gone and feels stronger; hears distant sounds now quite easily. Watch-hearing, absolutely normal.

This patient, by my request, presented herself some six months afterwards, hearing quite well, at the British Homœopathic Society's meeting.

It is remarkable what a strengthening or so-called tonic effect the high dilutions of tannic acid exert upon the entire system; also, how likely it is, when constipation is not a symptom, to confine the bowels.

CASE II.—Phœbe B., aged 26, a housemaid, admitted under me at London Homœopathic Hospital, July 7th, 1888, with deafness which she had had from 21 years of age; cause, unknown. Symptoms: Headache and sickness with vertigo at uncertain times; hears sounds near at hand much better than at a distance. Headaches have come along with the deafness, gets flushings of the face especially when tinnitus is complained of; this latter came along with the deafness; is extremely nervous and sensitive to all kinds of impressions.

Functions fairly regular; slight dysmenorrhœa first day of period, and appetite not very good. Hearing: 5 in. (right), and 3 in. (left). Ac. tannic. 12, Pil. j., t. d.

July 21st. Deafness same, head has ached, and has been giddy. Hearing: 12 in., and 5 in. Continue in 30th; same dose.

September 8th. Was better when taking the medicine, but has been worse since she left it off (three weeks). Head was better and heard better. Continue the remedy. Hearing: 7 in. and 5 in.

September 29th. Every way better; has been feeling languid, but not now; headache and vertigo less; appetite better and sleep if anything too good. Hearing: 25 in. and 5 in.

October 3d, 1888. Flushings worse, hearing better. Sach. lact. pil. j., t. d. for two weeks. Hearing: right 30 in., left 5 in.

December 8th. Hearing conversation quite well; still flushings of face and feels weak. Has attended irregularly. Watch-hearing, right, normal; left 14 inches.

In the above case the membranes were, as in the former instance, pale and dull, the malleus-handle of both sides looking particularly white, and the small processes prominent. Continuous and steady improvement went on under the ac. tan. in the 30th, alone and unaided by other selections, change of regimen or massage. This case had been declared incurable by allopathic advisers, who further displayed their intelligence by stating that she would get increasingly bad as she grew older.

These two cases were in every way examples of such obstinate

forms of deafness, and so manifest was the action of the tannic acid that I consider them sufficient to prove that there exists this special form of deafness, and all but sufficient to prove that tannic acid is its remedy.

As a further study of tannic acid this case is worthy of notice.

E. D., æt. 16, a light-haired nervous girl, admitted to London Homœopathic Hospital, October 8th, 1887.

Family history: Mother has had paralysis of brain, and has lost six children with various kinds of nervous disease.

Personal history.—Has always been very delicate; has had three attacks of erysipelas of the head, after the last of which became quite stupid. From six years old up till three years ago, ears used to discharge; was not treated for it though was once taken to an allopathic hospital where the treatment so frightened her she could never be induced to go again. Has always been subject to swollen cervical glands.

Ears.—Large perforations in both ears; hearing, right, 20 in., left 3 in. Acetum* lobelia inflata 3d dec., a pilule three times a day.

November 5th. Hearing much improved; hearing is worse when tired; the slightest thing such as washing ears causes them to ache; tinnitus complained of this week. Hearing, right 20 in., left 12 in. Acid. picric. 30. One drop to go over fortnight.

November 19th. Improved in all respects but very nervous, least thing makes her shake, and tingle all over. Hearing, 30 in. on both sides. To be without medicine.

December 3d. Not so tired or languid, hearing remains better, but is not improving. Resume ac. picric. 30 as above.

December 17th. Hears very much better, not so nervous or tired; has had buzzing in ears once this, and once last week. *Reports that she used to feel pain in ears and nose especially if she took anything warm*, but this symptom is gone. R_y. Ac. picric.

January 21st. Has kept on with the medicine steadily in the same form, but now reports herself as "feeling very nervous as if the medicine were too strong."

To be without medicine.

March 3d. Still nervous and poorly. Hearing, right 30, left 17. Ferr. phos. 3d dec., gr. v. in water, to go over a fortnight.

April 8th. Increased buzzing in the head; was better with the ac. picric. 30. Prescribed: Acid. tannic. 12 cent.

* I prefer preparations of lobelia inflata to be made from the acetum rather than in ordinary way. See my paper in *Monthly Homœopathic Review*, December, 1888.

April 21st. Much better, buzzing in head much less, not so giddy. Continue.

May 11th. Is improved in all except hearing; stronger, more lively, not giddy, tinnitus gone. R. *Nil*.

May 25th. Same, but hearing better. Right 30 in., left 10 in. Acid. tannic. 30, pil. j., t. d.

June 9th. The same. Acid. tannic. 12, pil. j., t. d.

June 23d. Hears conversation better (watch hearing worse, right and left 18 in.); has had the buzzing in head twice, face is swollen every morning on getting up.

I now, feeling sure that tannic acid had really done her more good than anything, gave a grain of the 3d centes. of it to be taken thrice daily as a snuff, and with such remarkable effect that on seeing her on July 21st, 1888, she expressed herself as hearing almost perfectly, and as having lost every unpleasant symptom. The watch hearing was: right 35 in., left 22 in.

The prominent features of these three cases are: (i.) The evident nervous exhaustion. (ii.) The tendency to nervous disturbance of the brain taking the form of vertical headache in the first case; of headache, flushings and giddiness in the second, and of erysipelas and giddiness in the third. (iii.) The tendency to inflammatory affections, particularly noticeable in the 1st and 3d cases, and which is to my mind plainly due to the state of the sympathetic nervous system, and not so much to what I have named chronic vasculitis. (*Vide* my work on *Vascular Deafness*, published by Messrs. Bailliere, Tindall & Company, King William St., also, *Ear Diseases and Gout* at p. 162 of *Transactions of Homœopathic Convention at Basle*, 1886.)

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MORNING SICKNESS OF PREGNANCY.

BY MARY BRANSON, M.D., PHILADELPHIA, PA.

(Read before the Philadelphia County Homœopathic Medical Society.)

IT seems rather puzzling why the nausea and vomiting of pregnancy, like sea-sickness, should be greeted with indifference and even amusement, when it is often serious and always suffering. A pregnant woman will say I am so sick all day, and yet I do not dare to

complain as I suppose it is natural. It was remarked in a recent medical journal, that nausea and vomiting for the first four or even five months of pregnancy is *not* abnormal. Any one who has experienced the sensations attendant on this complication of pregnancy feels that it is so. There are cases where it has even terminated fatally, and we all know there have been times when it has been necessary to perform abortion.

In the old-school practice the treatment seems to depend much on what is considered the *cause*, and as this is such a disputed question, with nothing proven, the remedies advised differ with each pet theory. No two cases are precisely alike; no two patients will be relieved by the same remedy. No temperament or complexion is exempt, neither does a perfect or faulty constitution apparently make a difference. There is an old saying "that a sick pregnancy is a safe one;" this, however, is not true, but often only a coincidence. One patient in her first pregnancy was sick every day in the nine months, vomiting two or three times in the twenty-four hours (often blood). She ate almost nothing. Her labor was violent and lasted thirty-six hours. Her second pregnancy gives a similar record; labor abnormally severe and twenty-one hours in duration. The third pregnancy was equally sick, yet the labor was five hours long only. Another patient vomited every day of the nine months, and ate only dry toast. Her labors were severe and children feeble. The physicians who believe in this old saying explain it by the thought that where the bony pelvis is large, the uterus has room to sag and press upon the sacral nerves and tissues of the superior strait as it increases in size until it rises into the pelvic cavity, when the nausea ceases from the pressure being removed. Pledgets under the uterus have been suggested to relieve the weight. The exceptions are too numerous to prove the rule. How could we account for nausea continuing every day of the entire nine months, or where it lasts but six weeks? Nausea occurs, too, where the uterus is perfectly healthy, where the tissues are firm and well supported by its ligaments and by neighboring organs. The stomach and liver cannot be blamed for this malady, nor indeed can any of the digestive organs. Often there will be a constant sense of nausea, yet the sufferer will have a good color, good circulation and clean tongue, with good appetite, fair strength and weight, and other symptoms of good health.

One well-supported theory, at one time, was that ulceration of the cervix and induration, or a uterine misplacement or irritation caused the trouble; yet in one of my most stubborn cases the uterus was

perfectly healthy. Even when there has been an abrasion or some point of irritation, local treatment has, in my hands, failed to cause any relief of the symptoms.

In an interesting discussion on this subject in the American Gynæcological Society, held in September of the current year and reported in the *American Journal of Obstetrics* for October, 1888, Dr. W. Gill Wylie says: "Most cases of vomiting in pregnancy are due to induration of the cervix uteri. Dilatation of the cervix will often cure these cases, and if it be employed the operator should dilate up to the os internum. If the vomiting be due to follicular granulation," he goes on to say, "or to granular disease of the cervix, special treatment will be necessary." Dr. Graily Hewitt says: "The great difficulty in treating severe vomiting of pregnancy is the liability to failure to diagnose the cause. An analysis of the many cases tabulated shows that the treatment is not difficult to find when once the cause has been determined." He thinks if measures to remove the cause do not avail, abortion may give the desired relief. Dr. A. J. C. Skene's views are "that in a sensitive organization or when the uterus is rapidly distended by the liquor amnii, vomiting is quite easily produced. In corporeal endometritis the symptoms are more frequent and severe than in most other forms of uterine disease which may produce vomiting. Each case must be studied by itself in order to be properly treated. Dr. Fordyce Barker, of New York, says: "The vomiting of pregnancy depends on many causes, mainly constitutional. The constitutional susceptibility of individuals differs in marked degree. There are so many changes in the vascular system during pregnancy, that much vomiting can be accounted for in this way. A patient's attention should not be called to any flexion that may exist for fear that emotion may cause vomiting. Ante flexion of the uterus, even if not caused by pregnancy, does not always produce vomiting. Retention of urine, produced by pressure of the cervix of a retroverted uterus, may be the cause of vomiting. In a case of pregnancy six months advanced the patient was cured by eating lobster salad. She subsequently gave premature birth to twins. In directing our treatment we should attempt to correct any local condition which increases the tendency to vomiting."

I have given this discussion in full, as it tells us in a few words how our allopathic brethren stand, and how vague with them as well as with us is the subject of either cause or treatment. It is still an open field for thoughtful study. Dr. W. W. Jaggard cites an interesting case in a recent journal, where he speaks of the relation of

endometritis to the pernicious vomiting of pregnancy. The account may be found in full among "Translations and Abstracts" in the *Homœopathic Journal of Obstetrics* for September, 1888.

Over and against these cases I can tell of one in my own practice where there was no nausea or vomiting at any time, and yet the patients' uterus during her entire pregnancy was in so high a state of inflammation as to scarcely bear a touch, either internally or even over the abdomen, and every step to walk was torture. The labor was exceptionally severe from the fact of the membrane being adherent to the uterine walls by bands of false tissues precisely the same as we discover between the lungs and pleura after pleurisy. The cervix could not dilate except as the adhesions were broken up, at intervals, by mechanical assistance. But to give a full history of this case would require a paper in itself. Another patient who called at my office only a few days ago, pregnant three months, has a strongly-marked retroversion, and yet not a trace of nausea or vomiting.

The neurotic element in nausea is an important factor, and yet in saying this one would speak advisedly, not wishing to infer that it is imagination. When any one says that this malady or sea-sickness only exists in the imagination, the query arises: "Why should any one wish to imagine it?"

But there is a hyperæsthetic condition often of the entire nervous system, more especially the nerves supplying the senses. One lady could not hear a person clear the throat or use the pocket handkerchief without an irresistible desire to vomit; even stroking velvet or fur would cause vomiting. This patient died in her confinement, from rupture of the uterus. During her labor, she had repeated hæmorrhages from mouth, ears and nose.

A physician has kindly handed me the notes of an interesting case, which I beg leave to quote, as it contains many points of interest. Mrs. W—, aged 23; first pregnancy; violent nausea commenced in the third week, and continued fourteen weeks. Nausea was constant, day and night, not relieved by any remedies. Consultation was held as to the advisability of producing abortion, but the patient objected; at the end of the fourteenth week, being reduced to a mere skeleton, and so weak as to faint while lying in bed, she was removed to a hospital. The symptoms were as follows: Constant nausea, with vomiting or retching every fifteen or twenty minutes. Food, water, and even medicine, were rejected at once,

neither quantity nor quality making any difference; a teaspoonful of imperial granum, and sometimes a sip of champagne, being the only articles which were retained even for a moment. The sight or smell of food brought on retching; constant salivation, violent palpitation of heart in epigastrium, which was sensitive to pressure; chilliness, vertigo, and faintness on raising head; no cravings, sense of smell very acute; constipation, urine scanty and high-colored. The patient was given three doses of *colchicum autumnale* 200 at three hours' interval, on the day she entered the hospital, followed on the second day with one dose in the morning. For nourishment she received a teaspoonful of barley water, and one of toast water, in alternation every half hour. These were retained after the third hour. The second day the allowance was increased to two teaspoonsful. After the second day there was no vomiting, though some nausea. After the fourth day all symptoms had disappeared. The amount of liquids was increased each day. On the fourth day she craved olives, which were allowed her, and after this she ate anything she wanted. In a week the trouble was entirely gone, and she could walk across the room. No other medicine was given. In the second pregnancy she had no nausea. Both labors were short and not complicated.

In this case an almost endless list of remedies had been tried. *Sepia* had once relieved momentarily. Every sort of food had been tried, wet and dry, hot and cold. Hot and cold applications and rectal injections had been resorted to, but all failed until the "*similimum*" was found. The mother of this patient had nausea all the nine months, and went into a decline directly after her confinement.

In Vienna, obstetricians depend much on nourishing diet, in small quantities, at regular intervals—beef blood and wine soup. They also resort to a cold spray in the vagina.

After all is said and done, we have one grand satisfaction in our homœopathic school; let the causes be what they may, let the theories go on, old and new, we can still do much with our remedies simply by applying the similar remedy to each individual case. The closer we study our *materia medica*, and the more accurately we adjust our drug-proving to the case under care, all the other things being equal, the milder at least will be the attack and the shorter its duration. One physician spoke of never having had an alarming case of this disease (if we can call it such) in his practice, and on reflect-

ing that nothing was resorted to but the similar remedy, there might be a satisfactory inference deduced.

The remedy that has been a leading one in my hands is *petroleum*. So successful has it been, that without clear indications for another remedy, it is often my first choice. It has ravenous hunger, aversion to meat and fat food, and most warm foods; thirst, often diarrhœa, with vomiting; sadness and irritability; vertigo in back of head; gastralgia when the stomach becomes empty.

Nux vomica has often been the best remedy where we have the true nux characteristics. It has not been counted upon so much in these cases, but it does good work. The symptoms are worse in the morning. The patient thinks she would feel better if she could vomit. Food and drink have a foetid smell. She cannot bear the odor of tobacco; poor appetite; restless sleep; depression of spirits; irritability; wishes to be alone; hiccough; heartburn.

Kreosote comes high up on the list. Vomiting before breakfast of sweetish water; not again until after supper; tightness across pit of stomach; offensive excoriating leucorrhœa.

Lactic acid cures the many cases where there is nausea with vomiting of sour substance; sour taste in the mouth.

Coleicum in rheumatic subjects, also where the patient is much reduced. With the nausea and vomiting are frequent eructations of tasteless gas. Violent retching with restlessness; aggravation upon assuming upright position.

Borax has that peculiar symptom of aggravation from a downward motion; everything tastes bitter, even the saliva; distension of the stomach after every meal; vomiting of food and mucus; symptoms are worse in very warm weather.

Coffea cruda is not often used, and yet is excellent where there is a constant nausea felt in the throat, and especially where the peculiar nervous phenomena of *coffea*, sleeplessness, excitable disposition and intolerance of pains or discomforts are present.

Ipecacuanha is extremely useful, especially early in the sufferings. Its indications are known to every physician.

Gelsemium, *cocculus*, *arsenicum*, *ignatia*, *sepia*, *sulphur* and *lycopodium* deserve special mention; but all remedies should have a place in the mind of the physician when making the prescription.

OXYGEN.—AN ADJUVANT TO THE HOMŒOPATHIC TREATMENT OF
DISEASES OF THE RESPIRATORY AND CIRCULATORY
SYSTEMS.

BY WILLIAM W. VAN BAUN, M.D., PHILADELPHIA.

(Read before the Philadelphia County Homœopathic Medical Society.)

THE effort now being made to strip oxygen of its charlatanism and to cloth it as a scientific remedial agent, claims the approval of the profession.

While we deeply regret that the arduous labor, and the notable results attained by Drs. Beddoes, Sir Humphrey Davy, Hill, Thornton, Cavello, Erichsen, Demarquay, and others, in developing oxygen as a therapeutical agent, should have borne so little fruit, we are reconciled, in the present, by the fact that the researches and investigations of Drs. Smith, Wallian, Jaccoud, and others, have given oxygen an impetus that is carrying it towards a future of unusual distinction.

The therapeutical history of this great pneumatic agent has been such as merit of the unworthy must expect. The wonderful results announced by the early enthusiastic investigators were too miraculous for the conservatively biased medical mind of the early part of the present century. Its unjust, prejudiced and incompetent critics turned from a scientific investigation of its merits to indulge in ridicule, and then in positive persecution of its advocates. The explorers in this new field of *materia medica* were not able to withstand the malevolent attacks of its enemies, and, failing to enlist new recruits, they did but little towards determining the remedial value of the new factor.

The storm of ridicule and unreasoning opposition, however, did not deter the professional outlaws from seizing upon part of what was good in the pneumatic revelation, and from that day to this they have, by means of public appeals to the love of the mysterious so inherent in human nature, enriched themselves, at the expense of credulous dupes, by using the so-called "compound oxygen," "the oxygen home treatment," "perfected oxygen," and the various ozone cures. Their methods were, and are, so notorious that the very name of oxygen has become offensive to the professional mind, and it is only recently that the great utility of this gas has commanded the attention of the highest professional circles.

The chief source of hindrance to the general employment of

oxygen by the profession has been the lack of facilities for procuring a prompt supply of the agent in convenient form, and of a quality sufficiently pure for prolonged clinical exhibition.

The commercial gas, on account of chlorine and other impurities, and by its deterioration from pressure, is not fit for medical use.

Fortunately, to-day these difficulties have been surmounted, and it is now no longer "necessary to use impure or questionable gas. The process for evolving pure oxygen is not complicated, and may be conducted without the aid of expensive apparatus by those who are not particularly apt in chemical manipulation. Familiar as it is, perhaps its concise repetition may assist some experimenters who have never attempted it, or whose recollections of the laboratory have been dimmed by time."—*Wallian*.

The best formula for practical purposes is that suggested by Fresenius:

R. P. Potass. chlorat., pure,	. . . . .	lbs. iv.
P. Manganesii. cryst., pure,	. . . . .	lbs. i.
P. Ferri carb., prec.,	. . . . .	grs. lxx. M.

S. To be well mixed and triturated, avoiding violent friction, lest an explosion be produced. (With reasonable care the liability to this accident is very slight.) The prepared material should be thoroughly desiccated by being exposed to moderate heat in an open oven, or by means of a chemical drying-chamber. Store in any receptacle which will protect it from moisture until wanted for use.

This is the method used by the American Oxygen Association in preparing their material for the generation of oxygen. The mixing of these ingredients is an unpleasant task on account of the dirt, and it will be to the advantage of those intending to use the gas to purchase the prepared material.

Most of the oxygen in use to-day is obtained by applying heat to potassium chlorate. The salt melts and decomposes with ebullition, yielding large quantities of gas; frequently, finely powdered, black manganese oxide is added, which causes the oxygen to become disengaged with greater facility. The manganese undergoes no change whatever; it merely acts by its presence.

The necessity of the entire purity of gases to be inhaled by the lungs cannot be too much dwelt upon, especially in chronic cases, where the administrations are to be continued for a considerable length of time. A perfectly pure oxygen can be obtained:

1st. By observing care in procuring the best of material from which to generate the gas.

2d. By avoiding a too high temperature in heating the material, as excess of heat evolves chlorine.

3d. By removing all deleterious matter given off with the gas by washing the oxygen through a series of wash-bottles. The first two bottles to contain a strong solution of caustic soda; the third a solution of ferrous sulphate; the fourth, pure water, or a solution of potassic permanganate; and a fifth bottle packed loosely with anhydrous calcium chloride, covered with a filter of absorbent cotton.

As the blood does not absorb more than 25 or 30 per cent. of oxygen from the volume of any given inspiration it is not necessary to administer the gas in full strength. Experience has shown that 50 or 60 per cent. of oxygen, combined with 40 or 50 per cent. of nitrogen monoxide, is far more efficient than undiluted oxygen in cases with neuralgias, neurasthenia, insomnia, etc. And for the majority of cases, especially those of the respiratory, circulatory; and hæmatopoietic systems, a further dilution of the two gases with 20 to 40 per cent. of common air will be found necessary to attain the full and lasting benefit of this method of treatment.

The apparatus necessary for the generation, purification, storage, and dispensing of oxygen and nitrous oxide gas, are few and simple. They consist of an ordinary oil stove for generating heat; an iron or copper retort, preferably cone-shape, for heating the prepared oxygen material; six glass wash-bottles of sufficient capacity, with rubber corks, fitted with a long and short glass tube. (The long perforated bulb-end tube of the American Oxygen Association, is the best, as it conveys the gas to the bottom of the liquid in the bottle and breaks it into fine bubbles, the gas by this means being thoroughly purified.) For storage, an ordinary twenty-five or fifty gallon gasometer is all sufficient. The best method of handling the nitrous oxide gas, is in the shape of a 100-gallon cylinder, such as is furnished by the S. S. White Co., for dental purposes. A gasometer of eight or ten gallons capacity will be most serviceable for preparing the gases to be dispensed; the oxygen and nitrogen monoxide can be readily mixed in any proportion, and common air may be added as desired. The customary dispensing flask is to be attached to the gasometer, by means of rubber tubing. The inhaling tube, leading from the flask, is to be furnished with glass mouth-pieces, which can be readily detached, cleansed and disinfected.

Administration : Inhalations of oxygen should not be given on an

empty stomach, or after a prolonged fast, or when the patient is unusually fatigued. As a rule, one treatment per day is sufficient. ("In the anxiety of both physician and patient to see palpable signs of immediate improvement, the tendency is to overdo in matter of dosage."—*Wallian*). The patient is to stand erect, with the shoulders well back. The residual air is then to be expelled from the lungs as thoroughly as possible, after which, the gas is to be slowly inspired by a steady effort until the lungs are as full as comfort will permit. The inspired gas is to be retained as long as may be, or until the patient experiences some distress; it is then to be slowly and deliberately expired through the nose. I find it of advantage to have some patients walk once or twice across the office floor, before allowing the gas to escape from their lungs.

In using oxygen as a remedial agent, care must be exercised in selecting cases. It is useless to accept hopelessly incurable patients; or those who will not loyally follow up the treatment for a definite period of two, three or four months. With these conditions attended to, oxygen will be found to be indicated "in every chronic morbid condition of which it is possible to form a conception."—*Wallian*. It is also efficacious in acute conditions requiring aeration of the blood, as in certain stages of pneumonia, where it will often bridge over an imminent danger, in typhoid fever, and in the asphyxias.

In incipient phthisis it is undoubtedly desirable to secure an increased expansion of the chest, and how can this be more effectually, or more expediently accomplished than by inflating the lungs with deep inhalations of oxygen, combining with it, forced efforts of expiration to overcome the mechanical resistance?

"In the year 1784, Jurine of Geneva, published a short essay on the subject of oxygen, and reported a case of phthisis, in a young lady, very much benefited by inhalation of the gas.

In 1789, Chaptal of Montpellier, reported two cases of phthisis treated by the same agent, in one of which marked relief was obtained, while in the other the results were negative."

Drs. Hayem of the St. Antoine Hospital, Paris, Ringer of London, Buttles of N. Y., Kirnberger of Mayence and Lorenz of Vienna, report excellent results in anæmia, chlorosis, leukæmia and pseudo-leukæmia, from inhalations of oxygen.

Dr. Andrew K. Smith, in a prize essay on "Oxygen Gas as a Remedy in Disease," claims that oxygen inhalations cause an average of nine beats less in the heart per minute, and that it facilitates capillary circulation.

Paul, Demarquay, Duory, Ozanam and Jackson, consider oxygen an antidote for all the asphyxias, and especially for the relief of cases of overaction of an anæsthetic.

Dr. Paul, of Paris, and Dr. Eckert, claim that albuminuria has disappeared under the influence of this gas.

Dr. Heinemann, at a recent meeting of the New York Neurological Society, recommended the oxygen treatment in muscular weakness of the heart uncomplicated by dilatation or valvular disease.

Dr. J. Schmidt in the *Münchener Medicinische Wochenschrift*, No. 16, 1888, reports that he obtained astonishing results from the parenchymatous injection of ozone water, in retarding the growth of cancer nodules and causing their final disappearance. He especially recommends it for recurrent growths and cancers which are not readily accessible to operative treatment.

Dr. Korndorfer, in the *Homœopathic Recorder* for July, 1888, states that he has observed "that ozone will positively increase the duration and intensity of the reactive force of the patient; or, in other words, increase the curative effect of the administered drug."

"In his recent dangerous illness (pneumonia and bronchitis), Professor Billroth, after everything else that science could suggest had been done for his relief, appears to have derived most benefit from inhalations of pure oxygen. Under this treatment the dyspnœa diminished, the pulse became stronger, and consciousness gradually returned."—*Brit. Med. Journal*.

Pepper, Herman, Biegel, and others, recommend the use of oxygen in croup; and good results have been reported in cholera, diabetes, hydrophobia, senile gangrene, eclampsia, eczema, etc.

Oxygen is not a destructive element, but in reality is a restorative; its absorption into the blood, its direct and rapid distribution to every tissue throughout the entire system, contributes directly towards constructive rather than destructive metamorphosis; its direct effects are, therefore, "to be looked for in the circulating fluid rather than in the mere organs of respiration."—*Wallian*. This is seen to be the case by noting the results of the oxygen treatment in phthisis, scrofula, rachitis, chlorosis, hypochondria, Bright's disease, uræmic coma, etc. It is on this factor that Jaccoud founds his treatment of Bright's disease; which is, to give ten-litres inhalations of oxygen three times daily, with the simplest possible diet, and at the same time to promote tissue exchange with the inhaled gas by a systematic application of douches followed by friction.

In presenting the following cases for consideration, I do not desire

to over-estimate the value of oxygen, neither do I wish to under-estimate the great utility of this pneumatic adjuvant in the treatment of suitable cases. My experience has taught me that without the indicated remedy the results are neither as prompt nor as lasting.

CASE I.—Miss X., a young lady of 21 years, in good circumstances. Has been under treatment two years for chlorosis; during the last six months she has been rapidly growing worse. October 10th, 1888. The patient is a plump brunette, five feet in height, and weighing 106 pounds, with a characteristic yellowish-green complexion, with bluish-black rings, or occasionally puffiness, under the eyes, the sclerotics being pearly and glistening. Mucous membrane of the mouth pallid. Temperament emotional, with marked nervous symptoms. She complains of breathlessness, palpitation, and fainting. Effort of any kind, especially muscular, starts the heart into tumultuous action, and brings on difficult breathing with oppression of the chest and great throbbing on both sides of the neck. There is a constant, strong feeling of fatigue and weariness. On walking any distance, the calves feel swollen and hard, followed, during the night, by severe cramps, knotting the muscles of the legs and continuing, at intervals, all night.

Energetic muscular exertion causes exhaustion with fainting. Yesterday, on ascending two flights of stairs, with halting for breath, on reaching the top landing she fell in a dead faint, remaining in the swoon for over an hour; this was followed by palpitation, terrible distress in præcordia, dyspnœa, and sleeplessness.

Her appetite is capricious, with poor digestion, and severe, long-lasting constipation. Menstrual flow now absent for five months. No leucorrhœa. Mouth dry, occasional sore throat, naso-pharyngeal catarrh, and a dry, barking cough.

Physical Examination.—Heart dilated, without compensation, apex beat at upper border of sixth rib, to the left of nipple, two fingers in breadth; action irregular. An anæmic *bruit* at the base and over the large vessels, being especially distinct at the left side of the neck. Pulse, rapid and full, but soft. Lungs and other organs negative. Micturition frequent; quantity, 30 to 40 ounces; color, yellow; sp. gr., 1008; reaction, acid; sediment flocculent; no albumen, no sugar, and no tube-casts.

Microscopical examination of the blood showed a great increase in the number of white blood corpuscles.

The patient having been under a course of iron and oil, she now received tincture of digitalis and glonoin.

October 20th.—Palpitation, dyspnœa and sleeplessness greatly improved, other symptoms the same.

October 24th.—Condition not changed; cannot walk fast or use any exertion on account of distress in abdomen, and a great weariness. To-day, her pulse is 102; vital capacity, 130 cubic inches (tested by dry spirometer), and expansion $2\frac{1}{2}$ inches, being 52 cubical to 1 lineal inch. Commenced oxygen treatment, O, N, O , and common air, $\bar{a}\bar{a}$, 3 gallons daily.

November 5th.—Feels much better, but still she cannot walk fast or hurry in any way. She can now ascend, slowly, one flight of stairs without stopping. Vital capacity, 150 cubic inches; pulse, 84; respiration, 18. The capacity is increased 20 cubic inches, and the pulse is lessened 18 beats. Treatment continued, with the following remedies, as indicated, cal. carb., cocculus, and lycopodium.

December 5th.—Is greatly improved; she can ascend two flights of stairs without resting, and there is no palpitation or dyspnœa. She has a good appetite, with easy digestion. Bowels have been moved daily for one month. Menstrual function has been renewed. Lips have quite a deep color, and her face is no longer "white," but is frequently flushed. Vital capacity, 150 cubic inches; expansion, 3 inches; weight, $112\frac{1}{2}$ pounds, a gain of $6\frac{1}{2}$ pounds. Treatment continued. An occasional dose of lycopodium.

December 30th.—Has returned from a week or two in the country; states that she is in better health, and that she can endure greater fatigue than at any time for the past three years. Contrary to orders, while away she has been constantly on a social round, attending three or four dances which she enjoyed greatly. As an evidence of her recovery, and as an intimation she desires to stop treatment, she states that before starting out to-day she ran up stairs from the ground-floor to the third story without any discomfort. The heart is markedly toned up, and the anæmic *bruit*, while still present, is very much weaker, and is heard only at the neck. I have insisted on her continuing treatment for one month longer.

February 15th, 1889.—The patient is still enjoying exceptionally good health.

CASE II.—Mrs. H., aged 26 years, married, one child. Family history, phthisical; father, five brothers, two sisters, and all of her mother's family have died of consumption. Mother, insane. The patient suffers from severe dysmenorrhœa. She has had cough and chest pains for two years. A naso-pharyngeal and laryngeal catarrh. There is deficiency of expansion, and feeble respiration

over the upper portion of the right lung, but no appreciable consolidation.

Expansion, $1\frac{1}{4}$ inch; capacity, 70 cubic inches on forced expiration.

After one month active treatment of oxygen and nitrogen monoxide, equal parts, diluted with 30 per cent. of common air, commencing with three inhalations daily of 60 cubic inches, which was gradually increased to six inhalations of 150 cubic inches daily, with the appropriate remedy, her vital capacity increased to 160 cubic inches, and the expansion to 2 inches, with 2 pounds increase of weight, together with marked benefit of general health. At this stage, I regret to state, that owing to circumstances that could not be controlled the patient was compelled to stop the oxygen treatment.

It is to be noted that, at the end of one month, this patient's chest expansion had increased three-fourths of an inch. Her vital capacity had jumped from 70 to 160 cubic inches, a gain of 90 cubic inches; with a relative alteration of the cubical to the lineal measurement from 60 to 80 cubic inches to the lineal inch.

Admitting that the oxygen was administered in this case for too short a time to be of lasting benefit, if the patient will continue to use her increased lung-space, she will derive incalculable benefit from the thorough inflation of her lungs.

CASE III.—Mrs. McN., aged 50, a hard-working woman. This is a case of inveterate bronchial asthma, of seven years' standing, gradually growing worse. The attacks are always aggravated in October and November, at which time she is confined to her room for six or seven weeks. These severe attacks have been repeated yearly since the fall of 1880.

October 29th, 1888.—She called at my office, stating that for a week her regular annual attack of asthma had been gradually coming on, and she was sure to be confined to her room in a few days, as she had never been able to obtain relief. She had been compelled to sit up all night for the last three nights.

At present her breathing is somewhat increased, inspiration short, abrupt and jerky, expiration prolonged, respiration noisy and wheezing, she has a hard cough, with expectoration of little lumps of phlegm. I gave her *nux vom.* 3, and allowed her to inhale frequently, every five minutes for half an hour, oxygen and nitrous oxide, aa . She was only able to breathe in, with a somewhat prolonged gasp, 15 to 20 cubic inches of the gas at each inspiration. At the end of half an

hour she stated she felt better than for three days past. I could not see any change in her breathing.

October 30th.—Patient had a better night. Treatment continued.

November 3d.—According to her statement, her lungs had never felt clearer in seven years; she had slept in comfort, all night, the last two nights.

December 30th.—The patient has continued treatment, on and off, up to the present time. Whenever the asthmatic symptoms returned, they were promptly and entirely relieved in three days by the oxygen; then she would stop coming until, owing to her constant exposure, a fresh cold would cause a renewal of the trouble. She has not lost a day's work on account of her asthma this fall or winter up to the present.

CASE IV.—Mrs. K. A well-marked case of emphysema, with bronchial catarrh; her trouble dates from a catarrhal pneumonia in 1880. There is a persistent annoying cough almost all the time, with frequent expiratory dyspnoea; scanty expectoration. Some dyspepsia. Expiration is prolonged and jerky. Vital capacity, 90 cubic inches. Expansion, one-fourth of an inch. After a month's careful treatment, her capacity increased to 100 cubic inches on prolonged forced expiration. She has never been able to go beyond this figure. The patient has improved in every way, although by no means well. The prominent symptoms have all been relieved. The patient is still under treatment. I consider that the prospects for a complete cure are dubious.

CASE V.—Willie J., aged 13. History of frequent illness; two violent attacks of inflammatory rheumatism lasting for weeks, one when five and the other at seven years of age. When ten years old, he had a catarrhal pneumonia, since which time he has never been well, having recurrent attacks of bronchitis, with dyspnoea and great depression of vital forces, each fall and winter. His chest is bulging (emphysema), excepting the anterior right side below the fourth rib, which is consolidated. Mitral insufficiency, apex beat diffused, three finger tips. Urine negative. Capacity, 90 cubic inches; expansion, 2 inches.

The oxygen treatment has proved decidedly beneficial in this case. After two months of daily inhalations, his capacity has increased to 120 cubic inches, and the expansion to $2\frac{1}{2}$ inches. His cough, shortness of breath and wheezing have not troubled him during the last month, much to the delight of his parents. Although exposed to all kinds of weather, he has not caught cold, and has had but few twinges

of his old chronic rheumatism ; he can stand much greater fatigue, sleeps well, and awakens refreshed. The change, if any, at the base of right lung, is for the better. I feel justified in urging this case to continue the treatment.

CASE VI.—Miss G., schoolteacher, aged 36. A most marked case of what is now so well understood by the fashionable term *neurasthenia*, or, as Hahnemann put it, a case dependent upon psoric miasm. I had been treating her with antipsorics for a year and a half with a slow but sure improvement. Desiring to hasten the case I placed her on the oxygen treatment, with daily inhalations of three gallons of equal parts of O, N_2O , and common air. After the first week she seemed to rapidly improve, her gastric symptoms, insomnia and many of the nervous phenomena disappeared, her menses returned after an absence of twenty-two months, she increased in weight at the rate of a pound and a half per month, and appeared to be rousing her dormant self to an interest in the world, when suddenly, without a moment's warning, towards the close of the third month of the treatment, she grew rapidly worse, and at present her condition is the same, if not worse, than when we began the oxygen. The cause of this relapse I have not yet been able to satisfactorily determine. I have advised her to discontinue treatment for one month, when I will try again, and report results.

The oxygen treatment in all these cases has been coupled with a most careful medication, a rigid dietary, and a systematic personal hygiene.

In the first five cases the results have been all, and more than was expected. The sixth case is *sub judice*.

TREATMENT OF NÆVI BY ELECTROLYSIS.—Dr. Lewis W. Marshall, from an experience of about ten years, recommends the electrolytic treatment of nævi as superior to every other. After criticising the methods in vogue, he claims for electrolysis: That it gives no after-pain; that it is free from danger; that there is no bleeding; that the resulting scar is white and shows no tendency to contract—a point not to be forgotten since nævi are so common about the head and face. This method is slow, the disappearance being gradual. One or more needles are used according to the size of the growth, and they are moved about to attack the various portions without withdrawing them. It is well, at first, to work well away from the surface to avoid destroying the same. The scars left by the negative needles are apt to be brown and disfiguring and hence the positive pole is to be preferred, being slower in its action, less apt to cause sloughing or to be followed by bleeding after withdrawal of the needle. A rheophore attached to the negative pole completes the circuit, a second puncture being thus avoided. As regards the number of cells, ten are usually sufficient, although in deep nævi as many as twenty have been used. A change in color to a dusky hue is the indication to stop the current. To withdraw the needle it should be first rotated and the orifice can be painted with collodion.—*The Lancet*, January 12th, 1889.

PROCEEDINGS OF SOCIETIES.

THIRTY-EIGHTH ANNUAL MEETING OF THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK.

THE thirty-eighth annual session of the Homœopathic Medical Society of the State of New York was held in the Common Council Chamber of the City Hall, Albany, on February 12th and 13th, 1889. The morning session was opened with prayer by the Rev. S. V. Leech, after which Prof. W. Tod Helmuth, the President of the Society, delivered his annual address. He said in substance :

The questions to be discussed in the coming days of this meeting are of more gravity than usual. They embrace among others that important one of State medical legislation and our proper recognition as a medical body with equal rights and privileges with other medical sects now in existence in this State. What is demanded by us of our Legislature is that it inquire fairly and without preference into our position, social, medical and political ; let it understand how large a number of persons in this Commonwealth are satisfied to be treated when they are ill by the homœopathist ; let it ask for the regularly kept statistics of our hospitals ; let it look into the examinations made by our colleges ; let it test the capabilities of our teachers and examine the results of our practice ; and when these facts are brought before it without palaver, even without compliment, with a plain reliance on our side in truth and justice, I am convinced that the common sense and a disposition to do right on the part of our lawgivers, will award to our committee just what its members deem fit to ask in this important matter. A Homœopathic Medical Examining Board is not demanded as a means of dividing the medical profession ; its establishment will have no influence in that direction. It is asked for the accomplishment of higher and nobler objects, namely, the preservation of the public health and protection of the people of this Commonwealth from the inroads of quacks and charlatans. These are the great objects to be obtained by the passage of our bill, and they stand on a plane so much more elevated than the mere settlement of polemical medical questions that the two ought not to be discussed together. There is in medicine something higher and better than the mere methods of administration of drugs, the cultivation of bacilli, or the regulation of medical societies—it is simply relief of suffering. All other questions are secondary. The next reason of import in favor of our Homœopathic Examining Board is to protect our own graduates by securing to them fair and impartial examinations. While the virulence of the old-school physicians is no more, there still remains an instinct among them that is decidedly prejudicial to homœopathy. This has been ground into them by the wheels of time. It cannot be gotten rid of.

“ You may shatter the vase as you will,
The scent of the roses will hang round it still.”

It is a very easy thing, in holding a medical examination, to have everything one's own way, so easy in fact, that homœopathic students examined by allopathic doctors might be plucked. Dr. Helmuth expressed his opinion that should he make the effort to do so he could pluck every student that came up for examination, and yet be apparently fair. Allopathic physicians on a Board of Examiners could also wield the same power, and they would do it.

In regard to the recognition of the best of our literature in the index of the library of the Surgeon-General at Washington, D. C., the committee appointed for that purpose have taken wise and judicious steps in bringing the matter before the national body, where indeed it properly belongs; he trusted from the action that will be taken we shall have cause to congratulate ourselves that our Society was the first to call the attention of the school to so important a recognition which, if established, will be of great service to those who come after us who desire to understand the work done by the earlier homœopathists.

The address was accepted, and referred to a committee consisting of M. O. Terry, M.D., Seldon H. Talcott, M.D., and George E. Gorham, M.D.

The President then announced the following committees: Credentials, Drs. F. L. Vincent and E. Hasbrouck; Auditing Committee, Drs. George M. Dillow and F. Parke Lewis; Regent's Degree, Drs. S. H. Talcott and A. R. Wright; Finance, Drs. E. H. Wolcott and Dewitt G. Wilcox.

Nominations for officers for the ensuing year were then made.

Dr. M. O. Terry, Chairman of the Committee on President's Address, reported as follows:

After listening to the able and comprehensive remarks of the President your committee feels constrained to heartily endorse the sentiments therein expressed. We would also recommend that the same be endorsed by the Society by resolution.

Resolved, That this Society accepts with cordial and emphatic approval the arguments urged by the President in his address for a separate State Board of Medical Examiners for the school of medicine represented by this Society.

Resolved, That the Committee on Legislation is hereby authorized and empowered to petition the Legislature to continue the Boards of Examiners for each school of medicine, as provided by the law of 1872, and to make the said law compulsory, instead of optional, with regard to licensing medical graduates to practice medicine in the State of New York.

The Committee on Legislation reported through the Chairman, Dr. John L. Moffatt, of Brooklyn.

He expressed approval of a bill recently introduced into the Legislature by Senator Dean, making the sale of tobacco to boys illegal.

In regard to the bill providing for a single Board of Medical Examiners, the committee denounce it as a flagrant partisan measure in the interest of the old school, an insidious infringement on the rights of the minority, and recommend the adoption of a preamble and resolutions ending as follows:

Resolved, That the proposed legislation to secure a single State Examining Board, being put forward by one part of the medical profession without consulting the others, and with the freely-expressed purpose of destroying the individuality of the different schools of medicine, constitutes an attempt at effecting class legislation of the most objectionable form.

Resolved, That separate Boards of Medical Examiners under the Regents of the University, a non-sectarian and non-professional body, afford the only plan for State licensing consistent with the avowed policy of the State, and is the only measure which can guarantee protection to the vested rights of the three systems of medicine.

The Committee on Medical Education, through Dr. A. R. Wright, reported that in their opinion more care should be exercised by preceptors in admitting students to their offices. Preceptors should see to it that students have received the necessary preliminary education before recommending them to take up their medical studies.

Dr. M. W. Van Denburg called attention to the picture of Hahnemann on the seal of the Society, and denounced the same as a caricature of the founder of our school. A committee was appointed to take into consideration Dr. Van Denburg's suggestion, that a more correct likeness of Hahnemann should appear in the seal of the Society.

The Bureau of Laryngology then reported. Dr. F. Parke Lewis reported a case of hæmorrhage following tonsillotomy.

Dr. W. M. L. FISKE, of Brooklyn, opened the discussion on Dr. Lewis's paper. He said that he was under the impression that severe hæmorrhages, such as Dr. Lewis related, might be the result of the cocaine. He had operated on tonsils pretty often, both with and without cocaine. He had always found the disposition to hæmorrhage to be greater after the use of cocaine. Even in minor surgical operations, in which cocaine had been administered hypodermically, he had noticed a decided tendency to hæmorrhage. He believed that cocaine had this effect, owing to its ability to paralyze the capillary bloodvessels.

Dr. M. O. TERRY, of Utica, thought the question of tonsillotomy a very interesting one. He noted that Professor Robinson, of New York, had remarked that he excises tonsils with great timidity. That, the speaker thought, was sufficient to make one practicing in the country timid in performing the operation. He himself had never met with hæmorrhage after his operations for excision of the tonsils. He asked the members of the Society whether, in removing the tonsils, they simply removed a small section of the diseased gland, or excised as much as they possibly could. He also asked what must be the nature of the hypertrophy in order to make the operation of tonsillotomy necessary. If the enlargement was a simple induration, he did not regard excision necessary. If, however, there is any degeneration then he should judge that the application of caustics or excision is necessary.

Dr. GEORGE M. DILLOW asked Dr. Lewis if there was any possibility of the patient, whose case he reported, having been a "bleeder."

DR. LEWIS replied, that he could find no evidence of that being the case.

DR. DILLOW said, that he had never met with a case of serious hæmorrhage following tonsillotomy. Whenever he found that the patient gave a history of bleeding much after small wounds, he refrained from operating by amputation. During the past year he had operated many cases by the galvano-cautery. He had found that, after inserting the galvano-cautery point and allowing it to burn the tissues a little, the tonsil will shrink. The cases, in which he has employed this method, are mostly cases of enlarged tonsils of children in whom the lymph tissues of the tonsils are mainly hypertrophied. He had not tried this treatment in the fibroid type of enlargement which we find in adults. This method of operating gives rise to but little pain, and certainly obviates any necessity for hæmorrhage. In the case of a boy with marked hæmorrhagic tendency, the tonsils were removed by this method without any trouble whatever. In considering the question of tonsillotomy, we should not lose sight of the fact that enlarged tonsils generally depend upon a constitutional state. A careful examination in these cases will reveal enlargement also of the so-called Luschka's tonsil and the lymph follicles at the base of the tongue. In the back of the pharynx will be observed the localized enlargement of the lymph tissues, which goes by the name of granular pharyngitis. These lymph tissues, undoubtedly, have some function, and should not be destroyed without necessity. He thought, therefore, that the results from medical art were better than those from surgical treatment alone. The galvano-cautery could be used in children whose mouths were too small to permit of the introduction of even the smallest size of tonsillotome. Dr. Dillow expressed his doubt concerning the ability of cocaine to predispose to hæmorrhage. In answer to a question by Dr. Moffatt, the speaker said that he did not use cocaine often in conjunction with the cautery.

DR. FISKE said, that it was customary with him to remove as much of the tonsil as he could engage within the instrument. The action of the instrument was so rapid, that he hardly considered cocaine necessary. Regarding the increase of hæmorrhage after the use of cocaine, he had simply called the matter up in order to get the experience of the Society on the subject.

DR. LEWIS thought that there could be no question regarding the conclusion of Dr. Dillow. He, himself, had used the galvano-cautery in these lymphatic hypertrophies of children with pretty much the same results as those described by Dr. Dillow. Circumstances

will arise, however, in which this treatment cannot be carried out. In the case described in his paper, the patient came from a distance, and it was necessary that the operation be completed as soon as possible. He then referred to the statement, made by Frederick Treves in his work on *Scrofula*, that we never meet with enlarged tonsils in children, without scrofulosis as an accompaniment. The speaker said that he had not investigated the subject with sufficient thoroughness to enable him to accept or reject that statement. He related a very interesting case of tonsillar hypertrophy in this connection. The case was one of a child, with tonsils so large that they almost entirely occluded the throat. The child died, six weeks after it was seen, from asthenia. The bronchial and mesenteric lymphatics were also very much hypertrophied. Regarding the action of cocaine, Dr. Lewis said that his experience with the drug led him to look on it with distrust. He had found that, after the extraction of cataract, there is more tendency to hæmorrhage when it has been used, than when chloroform or ether has been employed as the anæsthetic. Hæmorrhage after operation (under cocaine) on the nasal hypertrophies is also more common than in cases where that drug is not used.

DR. DILLOW said that he did not believe that the galvano-caustic method of removing tonsillar hypertrophies can be looked forward to as useful in the fibroid variety of hypertrophy that we meet with in adult life. There the hypertrophy is made up of connective-tissue. That we cannot expect to absorb. In children it is not so much the removal of tissue that is accomplished, as it is the absorption of the lymphatic tissue. Regarding the universal relation between scrofulosis and enlargement of the tonsils, he thought Mr. Treves' statement was a little too sweeping. It is generally true so far as children are concerned. The tonsils often become enlarged after scarlatina and diphtheria, and in adults often as a result of syphilis. Unless we unite scrofulosis with syphilis, and consider them identical, we cannot accept the statement of Mr. Treves. In the majority of children the scrofulous disposition is at the bottom of the trouble.

DR. WILLIAM TOD HELMUTH, speaking of the vascularity of the tonsils, said that we find the anastomoses of bloodvessels more perfect in them than in most other tissues. Sometimes when this fibroid enlargement is great, the hæmorrhage is greater as the tonsil is excised low down, close to the amygdaloid fossa. The excision of the tonsil is much more likely to be followed by secondary hæmorrhage than excision of the projecting extremity; and, indeed, it is a ques-

tion, in some cases if the tonsil ought to be excised at all. The speaker had found that, by removing a portion of the affected tonsil, say a section one-eighth of an inch in thickness, and following the operation by a course of internal medication, a great change will take place in the patient, and the hypertrophy of the tonsil will be absorbed and go away. In some cases he had made use of the paste so much used by Sir Morell Mackenzie. This paste consists of equal parts of potassa fusa and quicklime. This should be kept from the light and air. It is made into a paste with absolute alcohol. In applying it, the tongue is protected with a spatula, and a portion of the paste is applied to the tonsil by means of a glass rod. Sometimes these hypertrophies of the tonsil attain a bulk which is quite surprising. Dr. Helmuth then reported a case which he had seen in consultation with Dr. Beebe, but two months ago. The patient was a gentleman, aged about 50. At first sight the tumor looked as though it might be a sarcoma. He removed it with the chain écraseur. It proved to be a true hypertrophy of the gland itself, and not a tumor.

DR. DILLOW said that he had seen a microscopic section of the tonsil described by the last speaker. It seemed to him that the condition could be spoken of as a fibroma of the tonsil.

DR. FISKE said that he had early learned to use the London paste, and to look out for the danger of dropping a portion of the same on the tongue. He had applied it with a small wooden mustard spoon, which greatly lessened the danger.

DR. DILLOW asked how much paste Dr. Helmuth applied, and how he prevented it from being washed away.

DR. HELMUTH said that he made the paste of the consistence of cream. After applying it, he had the patient sit with the mouth open for ten minutes, and then he washed it off.

DR. DILLOW remarked that he never used the galvano-cautery long enough to produce a slough.

A paper by Dr. L. A. Bull, of Buffalo, on "Etmoiditis," was then read, after which the report of the Bureau closed.

Dr. M. W. Van Denburg then presented the report of the Bureau of Materia Medica. It embraced the following papers, all of which, except that of Dr. F. F. Laird, were read by title and referred for publication: "The Effects of Belladonna on the Respiration and Circulation," by Dr. J. B. Garrison; "Belladonna in Diseases of the Throat," by Dr. W. T. Laird; "The Action of Belladonna on the Urinary System and on the Male Sexual Organs," by Dr. George

R. Stearns ; "The Action of Belladonna on the Skin and Glandular System," by Dr. A. B. Kinne ; "Bromine," by Dr. H. M. Dearborn ; and "The Physiological Action of Belladonna," by Dr. F. F. Laird.

DR. M. W. VANDENBURG then called the attention of the Society to the work being done by Drs. Conrad Wesselhoeft and J. P. Sutherland, of Boston, in their endeavors to improve the *Materia Medica*. Their studies have been published in recent numbers of the *N. E. Medical Gazette*. The speaker did not altogether approve of the method advocated by these gentlemen. He thought that it would eliminate too much. Many genuine symptoms of a drug would appear in some patients, and not in others.

DR. JOHN L. MOFFATT, of Brooklyn, then read some provings made under his direction. The drug proven was *ferrum phosphoricum* of Schüssler.

The speaker said that the *ferrum phosphoricum* of Schüssler was not the *ferrum phosphoricum* of Boericke & Tafel. Schüssler's preparation was the *phosphorsäures eisenoxyd—ferri phosphas albus—ferric phosphate—Fe₂(PO₄)₃* ; it is a yellowish white powder, soluble in hydrochloric acid, in excess of ferric chloride, in ferric acetate, and in ammonia. It is absolutely insoluble in acetic acid, and hence it is precipitated by adding sodium acetate to its solution in hydrochloric acid. It is also insoluble in water and alcohol. Boericke & Tafel have always used the ferrous phosphate—*H₂Fe₂(PO₄)₃*—phosphate of the suboxide of iron—*ferrum oxydulatum phosphoricum—phosphorsäures eisenoxydul*. This comes in greenish scales, forming by trituration a bluish gray powder somewhat soluble in hot water. The ferric salt was used in these provings because that is what Schüssler recommends. Each prover got five half-ounces vials marked A, B, C, D, and E, containing respectively *saccharum lactis*, 30, 6th, 1x, and the crude drug. Beginning with A, the provers were directed to take the drug until symptoms were produced. If no symptoms were produced by the first bottle then the prover was to proceed with the one marked B., and so on. As soon as symptoms not habitual appeared then the prover stopped taking the remedy. A large number of symptoms were elicited by the use of the *sac. lac*. Reviewing the symptoms produced by the drug itself, the speaker said that they were drowsiness ; green stools ; profuse pale urine ; deafness preceded by ringing and buzzing in the ears ; disturbed sleep ; vivid dreams ; sexual depression ; acne ; pharyngeal catarrh ; dryness and roughness of the eyelids ; headache ; thirst ; backache ; urine profuse, but dark and of a strong odor ; fever with great weakness ; sensitiveness and pains in the chest and abdomen ; anorexia ; cramps with undigested green stools, continuing after the stools had become normal ; falling out of the hair. Prover number 2 reported from the sixth trituration, sore throat ; headache, recurring upon renewal of the drug ; from the 1x styes recurring each time he renewed the drug, fulness in the head as from a cold and sore throat ; from the 6th, aching in the wrists, which returned when taking the 1x ; upon taking the crude drug his nose became stopped up, and coryza and headache appeared. Prover number 3 was so convinced that the 30th caused very sensitive papules on the back of his neck, very sore acne, especially on the forehead, that he could not possibly be induced to make a control experiment. The bottle marked A had produced no symptoms in his case. He had had acne before, but never

so sensitive as in this case. Prover number 4 obtained from the 6th, 1x, and crude drug, sciatic pains with profuse and frequent emission of pale urine of a lemon color. He estimated the quantity at 30 per cent. above the normal. Prover number 5 reported neuralgic pain in the head from the 30th. Prover number 7 reported constrictive pains in the shins and dark green stool. Prover number 8 had such mental and physical depression that he abandoned the proving. After taking the sixth for several days he had headache, and later epistaxis, with bright red thin blood, apparently from the posterior nares, and lasting about half-an-hour. The urine contained excess of urea, but no albumen or casts. Number 9 reported that he caught cold after beginning the proving; his voice became hoarse. Number 10 reported sugar in the urine after taking B, C, and D but no dependence was placed on this as it probably existed before the proving. He also noticed laryngeal cough, sharp pain in the region of the heart, stool accompanied by sharp pain in the anus, and followed by aching in the legs. From the 1x he had disturbed sleep; sharp pain in the epigastrium; occasional palpitation; and backache. Under the crude drug, sharp pain in the rectum, but unsatisfied feeling after stool, and some aching and soreness in the abdomen; stool tarry looking in color; sense of constriction in the upper part of the abdomen; liver very sensitive to pressure with sharp radiating pains through the abdomen; drowsiness; lips chapped and dry; irritable. Number 11 reported increased specific gravity of the urine due to urates; menses very pale during the first half of the period; pulse irregular in force and frequency; post-nasal catarrh; under the crude drug there appeared a bluish-gray line at the edge of the gums.

This closed the report of the Bureau of *Materia Medica*. There was no discussion.

The report of the Bureau of Clinical Medicine was then presented by the chairman, Dr. T. M. Strong, of Ward's Island. The first paper read was by Dr. N. B. Covert, of Geneva. It was entitled "The Effect of Reflexes in the Causation of Functional Nervous Disease."

In this paper were presented several cases of functional nervous disease in which the removal of causes of local irritation had cured serious symptoms. Case I. was that of a child who had been under the treatment of another physician who had diagnosed the case as one of inflammation of the kidneys complicated with convulsions due to worms. The convulsions recurred whenever the child tried to pass urine; one limb suffered from partial paralysis and was somewhat atrophied. The prepuce was somewhat elongated, and had a pouch like enlargement. It was removed, and a cure of the case followed. Case II. a boy who was nervous and irritable and had enuresis; he looked pale and sickly. The prepuce was elongated and adherent. Circumcision was followed by prompt cure. Case III. boy æt. 12 years. Always nervous and troublesome, even when an infant. He had been growing worse and showed some symptoms of chorea; head and arms jerk; no hereditary trouble. A ribbon-shaped bridge across the meatus was discovered. This was divided, and the case recovered. Case IV. a young man suffering from urethral irritation and contracted meatus, became despondent and nervous. Division of the meatus and the passage of sounds cured the whole trouble. Case V. a young lady who had pain in the eyes for three years. She now suffers from persistent vomiting, headache extending to the occiput, eyeballs sore and painful, cannot bear a bright light, and wants to be alone. She had myopic astigmatism. Proper glasses were prescribed with immediate relief to the vomiting.

Dr. A. M. Cushing, of Springfield, Mass., made a few remarks on nitrite of amyl. He had used this drug in cases of labor as an anæsthetic and with good results. In a case of pregnancy with vaginismus and sensitiveness about the vagina he had the patient inhale the nitrite of amyl, which gave her great relief.

The speaker said that for thirty-five years he had been trying to cure acne, but without result. Lately he had been using the bromide of arsenic in the 6x, and with uniformly favorable results. For renal calculi he had found apocynum androsemifolium the best remedy. He had lately been experimenting with a case of epilepsy of years' standing. He gave him 25 grain doses of sulphonal, which tided him over the time at which the convulsion was accustomed to appear. Whenever he sees the patient looking wild he gives him another dose of the drug which quiets him for a few days more.

A paper by Dr. J. Willis Candee, of Syracuse, on "Vaccination," was read by Dr. T. M. Strong.

The report of the Bureau being before the Society for discussion, Dr. E. H. Wolcott, of Rochester, said that he had frequently relieved genital irritation by simply stretching the prepuce and breaking up the glandulo-preputial adhesions with some blunt instrument.

Dr. W. M. L. FISKE asked if it was possible to trace nervous disturbances in girls to irritation of the genitals. The essayist had reported a case of nervous disturbance in a young lady due to ocular trouble. Do we have to hunt in the eye, for the cause of reflex nervous disturbances in the female?

Dr. E. H. WOLCOTT said that he himself had met with very indifferent success in the treatment of acne. He therefore hailed Dr. Cushing's suggestion of bromide of arsenic with pleasure.

Dr. JOHN L. MOFFATT asked if there was not some mind cure business in the relief of labor pains by the inhalation of nitrite of amyl.

Dr. CUSHING replied that he supposed there was just as much as there was if chloroform or ether had been used.

Dr. E. N. SPOOR, said that he had been called to a case of convulsions in a lady. She was cold and unconscious. Nitrite of amyl was given. She regained consciousness in twenty minutes, and made a good recovery.

Dr. W. H. NICKELSON, of Adams, had used nitrite of amyl in a case of weak heart with asthma, and had found it an utter failure.

Dr. M. O. TERRY dissented from the views ordinarily held respecting the efficacy of vaccination as a preventive of small-pox. He

thought that the abatement of the disease of late years was due to more stringent hygienic measures.

DR. F. PARKE LEWIS, of Buffalo, touched upon one phase of the subject of vaccination, not often referred to, and that was the possible harm that may occasionally result from the introduction of the virus into the system. He recalled a case of scrofulous ophthalmia, which had been under treatment for over a year, and in which the scrofulous condition had been controlled. Without his knowledge, this young girl was vaccinated, and the old condition was renewed with increased virulence. Even to-day, it is doubtful if sight can be restored, so extensive has been the corneal inflammation. If conditions of this kind can arise, it is a question if the State has the right to make vaccination compulsory.

DR. W. M. L. FISKE said that he had never observed bad effects from vaccination except in scrofulous subjects. If one child in a community should be injuriously affected by vaccination, that whole community is straightway up in arms; if ten thousand are benefited by vaccination nothing is thought of it. Before the introduction of vaccination into the German army small-pox carried off hundreds of victims. Since the introduction of vaccination small-pox has been almost unknown.

DR. LEWIS said, accepting Dr. Fiske's explanation, that he questioned the right of the State to compel a scrofulous child to be vaccinated.

DR. FRANK L. VINCENT, of Clifton Springs, was opposed to the use of the scab in performing vaccination. Those points were the best that were free from the blood.

DR. JNO. L. MOFFATT said that it was of importance to see that the heifer from whom the virus was taken is in perfect health. He thought that much of the trouble following vaccination was due to irritation of the sore by friction with the clothing. He was always careful to protect the sore.

DR. WOLCOTT said that if the government made vaccination compulsory it should superintend the supply of virus.

The Bureau of Surgery then reported through the chairman, Dr. S. F. Wilcox. The first paper was by Dr. M. O. Terry, of Utica, and treated of the best manner of dealing with injuries of the shoulder-joint. He spoke strongly of the importance of rest in these cases, and expressed, as his opinion, that this measure was too frequently neglected.

DR. J. M. LEE, of Rochester, reported a case of tubo-ovariotomy.

The patient was a woman 50 years of age, who had suffered from melancholia and suicidal mania, with facial paralysis. Tubo-ovariotomy was performed, and she promptly recovered, not only from the nervous symptoms for which the operation was performed, but also from the facial paralysis. The remarkable feature of the case was, as she passed out from the influence of the anæsthetic the right eyelid, which previously was paralyzed, was seen to move the same as the other.

DR. S. F. WILCOX, of New York, read a paper on the "Treatment of Hip-joint Disease."

The author first referred to the medical treatment of this troublesome joint affection, and quoted from the paper read before the American Institute of Homœopathy by Dr. John E. James. The mechanical treatment he divided into three classes: Immobilization, without extension; immobilization, with extension; and, extension with motion. The first of these methods is employed abroad only. The second method is employed in those cases in which the patient is confined to his bed; the extension is then applied by means of the weight and pulley. In the third method, the patient is permitted to go about, while extension is kept up by means of suitable apparatus. From the first method, the speaker said, he had seen no favorable results. He believed extension to be necessary in the treatment of hip disease. Extension should be employed in every case, and is useful in every stage of the disease. Many orthopædists recommend counter-irritation at the same time. Several forms of apparatus for carrying out the third form of mechanical treatment were referred to, but the author said that he preferred the use of the Taylor brace as modified by himself. This brace was exhibited, and its practical application to the disease demonstrated. How early operative measures should be resorted to, the author said, was a question. When it was evident that the disease was sapping the life of the patient, and that, at the best, a crippled limb was sure to result, then it was best to operate. He preferred the straight Langenbeck incision, with the thigh flexed at an angle of 45 degrees. In closing the wound, only a few sutures are used. He employed drainage-tubes, which he leaves in place until the discharge nearly ceases. He also had the back part of the wire cuirass made of perforated zinc, which can be kept cleaner than the wire netting. Before resorting to resection, the injection of ethereal solution of iodoform should be tried. He was able to report three cases in the third stage as cured by this method. The best results are obtained in those cases where the abscess is never opened.

A paper by Dr. DeWitt G. Wilcox, of Buffalo, on "Strumous and Traumatic Synovitis of the Knee-joint," was then read.

The Society then proceeded to the discussion of the report of the Bureau of Surgery.

DR. VAN DENBERG asked Dr. Lee what was the pathological condition of the ovaries removed.

DR. LEE replied that he did not make a very thorough pathological study of the case. The left ovary was inflamed, and the broad ligament had undergone papillomatous degeneration.

DR. M. O. TERRY thought that the treatment advocated by Dr.

De DeWitt G. Wilcox, aspiration of the knee-joint, was perfectly safe provided the needle was clean.

DR. S. F. WILCOX said, that loose joints often follow the subsidence of the effusion. He had treated a case of severe synovitis in a child; the case was cured, so far as the synovitis was concerned, under the use of extension of the joint; but the joint is now so loose that one can readily rub the opposing joint surfaces over each other by manipulation. Sometimes the injection of phenic acid into the knee-joint decreases the size of the knee. As regards the use of hot and cold applications, the speaker said that he had found immediate relief follow the application of heat. He also used the plaster of Paris splint, with an opening over the knee. This serves to diminish the nervous muscular contractions which are so common an accompaniment of synovitis. As regards old cases, he had seen much benefit follow the use of massage. Galvanism should also be used, as it causes absorption of the deposit.

DR. JNO. L. MOFFATT asked if six weeks was not a long time for a patient with knee-joint inflammation to be under treatment. Would not faradism be better than galvanism in some cases?

DR. WILCOX said, that he had used galvanism successfully where faradism had failed.

DR. J. M. LEE, replying to Dr. Moffatt, said that there are so many varieties of knee-joint diseases, that the duration of the affection must necessarily vary. The simple variety may be cured in six weeks. Where blood had been poured out into the joints treatment must be careful, and will necessarily be tedious. When suppurative synovitis sets in, the best recovery that can be hoped for is recovery with ankylosis. In these cases it may be necessary to perform amputation in order to save life.

This closed the report of the Bureau of Surgery. Dr. E. H. Wolcott, chairman of the Bureau of Obstetrics, then presented the report of that Bureau.

The first paper read was that by Dr. Sarah I. Lee, of Rochester, and was entitled, "Can Laceration of the Perineum be Prevented." The essayist thought that many of the difficulties occurring to women during pregnancy and parturition were the result of imperfect sexual hygiene.

DR. J. W. SHELDON, of Syracuse, next read a paper, "Clinical Experience with Albuminuria of Pregnancy."

The speaker said that he had treated one thousand cases of labor with the loss of but one mother, and that death was from malignant diphtheria.

He had his share of cases complicated with albuminuria, and reported those which he had found the most interesting.

Case I.—Mrs. R., æt. 37, in the sixth month of gestation. She was treated by hygienic means—rest, and an exclusive milk diet, and also the indicated remedy. In spite of all this, the nervous system became involved, and the digestive organs as well; frequent vomiting and gastralgia set in with dropsical swelling of the entire body. She was unable to exercise or assume the horizontal position. In the seventh month more alarming symptoms, as vertigo, stupor, and suppression of urine appeared. She also began to complain of failing sight, renal congestion, hydræmia, disturbance of the heart and lungs, all indicative of renal changes. Premature labor was induced by the introduction of a soft flexible catheter into the uterus, followed by enemata of hot water. Labor came on, and she was delivered of a living child. The albuminuria did not disappear for several months afterwards. Two years later she again became pregnant, and the old symptoms of renal disturbance returned. Her physician endeavored to carry her through the pregnancy without inducing labor, but she died of puerperal convulsions.

Case II. was one of convulsions, for which belladonna was prescribed. This failing, chloroform was used, and gelsemium was prescribed. Then, some amelioration of the symptoms was noted. Again, after twenty-four hours, there was another convulsion. Chloroform failed to control this seizure; whereupon 20 grains of chloral hydrate and 30 of bromide of potassium were given, which produced the necessary relaxation.

Case III. was a primipara, first seen some fourteen years ago. The speaker neglected to examine the urine in this case. He was called upon to attend her in labor, which came on at full term. After three hours she was seized with convulsions. A consulting physician was sent for, who applied the forceps and delivered a healthy child. Several convulsions followed delivery, but under the administration of suitable remedies they subsided. The patient did not regain her health for several months.

Case IV.—Mrs. —, at the seventh month of pregnancy had general anasarca. She was under allopathic treatment. The urinary secretion was suppressed, and was loaded with albumen. Respirations were 35, and the pulse was 120. She was entirely unable to lie down, and had not been in bed for three weeks. She was unable to exercise from œdema of the limbs; frequent attacks of fainting, and constant sense of suffocation; palpitation and loss of appetite, and intensely nervous. The treatment consisted of hygienic measures, sponging with cold or tepid water, diet of milk and occasionally white fish, and arsenicum, mercurius corrosivus, bryonia, apis, digitalis, and nux vomica, as indicated. Relief was incomplete. When within two weeks of full term she was taken in labor. In a short time the child was delivered. It lived but a few minutes. When the placenta was delivered she was compelled to sit up. As soon as the functions of the kidneys were restored she was able to lie down. In course of time she recovered her usual health.

The chairman also presented a paper by Dr. M. Belle Brown, which he read in abstract. Owing to the lateness of the hour, Dr. George B. Peck's paper on "American vs. European Obstetrics" was read by title, after which the Society adjourned until the following morning.

SECOND DAY.—The Bureau of Mental and Nervous Diseases announced that it had no papers to report.

The Secretary read a paper by Dr. W. S. Searle, entitled "Coincidences in Medical Practice."

The author narrated in an interesting manner a number of coincidences occurring in his practice. One of these occurred on one occasion just as he was dropping medicine into a tumbler for a patient. The tumbler was of very fine glass. Just as the medicine was dropped in the tumbler broke. The lady then brought a second glass, which met with a similar fate. Thinking that this was a rather expensive experiment she then brought an old mug, which proved sufficiently strong to hold the medicine (1). Another and most remarkable coincidence was the following: A gentleman, suffering from a rather anomalous condition, complained that there was something in his stool which scratched his anus when he had a stool. By Dr. Searle's advice he washed the stool carefully, and collected therefrom about twenty grains of a yellow sand. On examination this "sand" was found to consist of crystalline masses, which presented projections in every direction. Chemical examination showed that they contained no silicea. It was organic matter, and contained sulphuric acid; whether phosphoric acid also was rather uncertain. There was lime in it, and a very little iron, still less alumina, and a trace of potash. It so happened that, while studying this case, a gentleman called to consult him from a very different cause. Happening to mention the case to the latter he was told that the newcomer also suffered from the same symptom, viz., scratching at the anus when at stool. Again the directions were given to wash the stool thoroughly. The result in the second case was similar to that in the first, excepting that in the latter the quantity of sand collected was much greater than in the former. It soon disappeared. Both patients were eating ordinary food. The sand did not disappear from the first case.

The President then called for discussion on the report of the Bureau of Obstetrics. Dr. J. M. Lee responded.

Dr. A. R. Wright, Chairman of the Committee on High Potencies, presented a report from the committee. Dr. H. M. Paine also presented a supplementary report, in which was analyzed the reports of a large number of reported cures from these preparations.

Dr. George E. Gorham offered a resolution designed to shut off future discussion of the potency question, with which the Society's time had been often wasted in the past. This resolution was amended so as provide for mention of the potency used in the case reported, but prohibiting positively any discussion on the subject of the potency used, excepting by special vote of the Society.

The hour for the election of officers for the ensuing year having arrived the Society proceeded to hold its annual election, which resulted as follows: President, Dr. H. M. Dayfoot, of Rochester; Vice-Presidents, Drs. F. F. Laird, of Utica, J. T. Greenleaf, of Owego, and S. F. Wilcox, of New York; Secretary, Dr. John L. Moffatt, of Brooklyn; Treasurer, Dr. A. B. Norton, of New York; and Necrologist, Dr. A. R. Wright, of Buffalo. Rochester was selected as the place for holding the next semi-annual meeting.

The following Censors were nominated: For the Northern District, Drs. H. L. Waldo, E. S. Coburn, and L. M. Pratt; for the Southern District, Drs. W. M. L. Fiske, W. C. Latimer, and W.

S. Searle; for the Western District, Drs. L. A. Bull, A. R. Wright, and DeWitt G. Wilcox; for the Middle District, Drs. H. M. Paine, N. B. Covert, and J. S. Barnard.

The following chairmen of Bureaus were announced: Surgery, S. F. Wilcox; Clinical Medicine, J. M. Schley; *Materia Medica*, F. F. Laird; Gynæcology, J. M. Lee; Ophthalmology, C. C. Boyle; Otology, F. Parke Lewis; Mental and Nervous Diseases, F. L. Vincent; Histology, J. W. Dowling, Jr.; Obstetrics, L. L. Danforth; Pædology, J. W. Sheldon; Laryngology, George M. Dillow; Vital Statistics, N. M. Collins; Climatology, G. H. Billings; Legislation, H. M. Paine; Education, E. Hasbrouck.

The report of the Bureau of Gynæcology was next called for. In the absence of the writer, Dr. Hamlin, of New York, read a paper by Dr. S. J. Donaldson on "Essentials to Successful Treatment of Uterine Displacements."

Dr. E. Hasbrouck called attention to a statement made in the paper that hot water applied continuously to the vagina would produce the same effect as it does on the skin, that is, it will cause the mucous membrane to shrivel. He asked if any one knew that to be the case.

Dr. Paine related an incident in the practice of a celebrated gynæcologist, showing that Dr. Donaldson's remark was correct.

Dr. F. L. Vincent, of Clifton Springs, asked permission of the Society to present to them the formula of the so-called "Orange-Blossom Cure." This preparation originated in the sanitarium at Clifton Springs, and was stolen therefrom and placed on the market as "The Orange-Blossom Cure." The compound was first suggested by Dr. Henry Foster twelve years ago. It consists of the following ingredients: Alum, 2 pounds; borax, 1 pound; caustic potash and powdered opium, of each 1 ounce; lard, 12 ounces; and olive oil, 8 ounces. Heat the oil over a water-bath, and then add the caustic potash, which, of course, saponifies the oil. Then add the alum, borax and powdered opium. Now the unpleasant part of preparing the mixture comes, and that is the addition of the lard, which must be manipulated with the hands, just as dough is kneaded. After standing twenty-four hours it is manipulated once more. The longer it is manipulated the better. Dr. Vincent suggested the use of vaseline instead of lard. This makes a smoother and softer ointment. This preparation is useful in cases of atony of the uterus and vagina, and in cases of hyperplasia of the uterus. An application of a portion of the ointment is made, and allowed to remain in

the vagina. It there enters into a compound with the secretions, forming a coagulum, which latter comes away in a few days, leaving a perfectly healthy mucous membrane. The patient is then directed to take a soap and water injection, and wait twenty-four hours, when the second application can be made.

DR. H. M. PAINE took exception to Dr. Donaldson's remark that the sound was used too frequently. He said that most doctors did not know how to use this instrument. It is well known that a condition of disease establishes a tonic spasm of one of the outlets of the body. The cervix is one of these outlets. That condition cannot be cured without breaking up the spasm. The only thing that he had found serviceable is the constant wearing of a tent, short enough not to touch the fundus uteri. The uterus gets tired of holding on to this, and the spasm lets up after awhile.

DR. J. S. BARNARD asked if, in cases of endometritis, would the preparation mentioned by Dr. Vincent do any good.

DR. VINCENT replied that he did not recommend it for endometritis, but he would use it for subinvolution. He would not apply it to the cervical canal, unless the latter were decidedly patulous. In connection with its application he used the "hot-water treatment." The sitz-bath may be used also at the same time. While the patient is in the bath, where a pessary is not contraindicated, Dr. Vincent said that he was in the habit of using a tampon of antiseptic wool saturated with a mixture of one drachm of fluid extract of belladonna, one drachm of eucalyptus oil, and one ounce of glycerine.

The report of the Bureau of Ophthalmology was then called for. The first paper presented was that by Dr. C. C. Boyle, of New York.

The case reported was a peculiar one, in that the trouble made its appearance suddenly in the ninth month of pregnancy, accompanied by a marked increase of albuminuria, with diminution in the excretion of urea. The patient first showed signs of kidney complication by the appearance of albuminuria at the beginning of the eighth month of pregnancy, this being earlier than it occurred with her first child; it then appeared at the middle of the ninth month. In the first pregnancy it did not increase rapidly, and the patient went on to full term without any trouble. In the second pregnancy the ocular trouble, as already stated, came on suddenly. She was seized while in the street with confusion in the head, momentary loss of vision, followed by double vision due to paresis of the inferior rectus muscle of the right eye. The labor was quite rapid, and was unattended by signs of uræmia. The albuminuria did not disappear for six months afterwards. Prisms of 9°, with base downwards, were necessary to correct the trouble. The treatment consisted of systematic exercise of the affected muscle. The internal remedies used were gelsemium, aurum mur., mercurius cor., and Underwood Spring water.

A paper by Dr. George S. Norton, of New York, was next presented. In the absence of the author it was read by Dr. A. B.

Norton. Its subject was, "The Value of Senega in Affections of the Ocular Muscles."

The author said that senega had a marked affinity for the eye. Its sphere is much wider than a mere conjunctival inflammation. It is also a remedy for asthenopia. To show its value in such cases extensive quotations from the *materia medica* were presented, such symptoms as the following being presented: Confused feeling in the head; vertigo before the eyes; reeling sensation in the head; dulness in the head and weakness of the eyes; aching pain in the head; pressing pain in the forehead, especially in the left side of the head, relieved in the open air; pressure in both temples; weakness of the eyes, with slight burning and lachrymation; weakness of the eyes on reading and writing; burning and pressure towards evening; burning in the lids on writing; drawing and pressure in the eyeballs; weakness of sight; flickering before the eyes, etc., etc., etc. After quoting from Allen's work, the author then proceeded to give in detail the clinical application of the drug. In private practice he had treated 150 cases of muscular asthenopia with the drug. It is indicated more in muscular weakness than in muscular spasm, even in paralysis of the ocular muscles, and especially of the superior oblique and superior rectus. As illustrative of its action the case of Mrs. ———, æt. 60, was reported. This patient suffered from pains behind the ears, with dull, heavy pain back of the eyes, worse in the evening and after using the eyes. This condition had been present for one year. Systematic exercise of the muscles with prisms, the application of galvanism, and the internal administration of senega, were followed by a complete cure.

There was no discussion on the report of the Bureau of Ophthalmology. After receiving the report of some committees and transacting routine business the Society adjourned until September next.

CASE OF PULSATING TUMOR OF BONE.—Dr. Robert M'Donnell reports a case of pulsating tumor of the leg apparently cured by elastic pressure and rest. The patient, a lady 38 years old, presented a strongly pulsating tumor with a loud bruit occupying the middle, outer and anterior portion of the right leg. Both the writer and Mr. Erichsen were inclined to diagnose sarcoma, probably periosteal, with a consequent gloomy prognosis. The growth had begun with localized pain above the ankle, coming on suddenly after walking a good deal. A beginning abscess was suspected, but it subsided in a few days, and it was not until a year later that the pulsation was noticed. The tumor was fusiform, about the size of an elongated turkey egg and pulsated very strongly, both pulsation and bruit being arrested by pressure on the femoral. Very firm pressure, however, did not diminish its bulk. The skin was not discolored and no vessels ramified over the surface. The lady was four months pregnant and apparently in perfect health. Rest and a moderately tight elastic stocking were prescribed and she was kept under observation. There being no visible increase in the tumor, she was advised to nurse the child after confinement in the hope of retarding the growth. An attack of phlegmasia of the other leg kept her on her back for nearly six months, during which time the stocking was continuously worn. On getting up, pulsation had ceased and the tumor was perceptibly smaller. A year later it had disappeared, and three years from the date of cessation of the pulsation there were no signs of recurrence. The points of diagnosis emphasized are the slowness of the growth (of the shaft, not of the epiphysis), and especially the loud and shrill bruit as contrasted with the soft purring usually heard, and the strong pulsation instead of the gentle throb.—*The Dublin Journal of Medical Science*, January, 1889.

EDITORIAL.

THE PROPOSED STATE MEDICAL EXAMINING BOARD FOR
PENNSYLVANIA.

As announced in our last issue, attempts are being made before the legislatures of several states looking to the establishment of State Boards of Medical Examiners, the ostensible object for creating these boards being the improvement of the standard of education among the medical profession; the real object being something else as we shall show later. It is claimed that medical colleges are in the habit of granting diplomas to men who are entirely unprepared to assume the responsibilities of the physician, and that there are engaged in the practice of medicine, at the present time, men whose gross ignorance and incompetency have put the profession to shame. To remedy this great evil, it is proposed to put the power of granting licenses to physicians in the hands of State boards of medical examiners.

The legislatures of Nebraska, New York, Maine and Pennsylvania have each had their attention directed to this subject. The bill presented to the Nebraska legislature is probably one of the most nefarious on which a legislature has been invited to take action. That its real object is the extinction of homœopathy is evident by the most cursory review of its absurd provisions. This bill was framed by a committee appointed by "The" (that is "The" allopathic) State Medical Society of Nebraska. It provides that the proposed board of examiners shall consist of seven members, all of whom shall be members of the allopathic medical society of Nebraska. All physicians desiring to engage in the practice of medicine in Nebraska, must present themselves to this board for examination. This board is, furthermore, given the power of calling on any physician now practicing in the state and demanding that he shall come before it for examination. In case said physician fails to pass such examination, said board shall have the privilege of revoking his license to practice. The purpose of this bill is so palpably dishonest, that we need have no fear that any body of fair-minded legislators will make it a law. We would offer the suggestion that the Nebraska bill be so amended as to provide for the examination of the members of the board of examiners before they enter upon the performance of their official duties. The seven wise men of Athens will then have

their modern—well, in justice to the Greeks, perhaps we ought to say—caricature in the seven wise men of Nebraska.

Of all the bills providing for the creation of a State board of medical examiners, the one now before the Legislature of the State of Pennsylvania is probably the fairest, and yet it is open to criticism of the severest kind. Let us consider the provisions of this bill *seriatim*.

Section I. provides that the State board of medical examiners shall consist of nine members. "They shall be graduates of some legally chartered college or university having the power to confer medical degrees." It is further "provided that in the appointment of the said board the members shall be chosen from lists of names, each list containing the names of not less than eighteen registered physicians submitted by the State medical societies of the Commonwealth of Pennsylvania."

In this, the first section of the bill, we find very serious objections. In the first place, the method providing for the appointment of the board of examiners practically disfranchises fully eighty per cent. of the medical profession of the State. It says that the examiners shall be appointed from lists presented by the different State medical societies in the Commonwealth. Does any one believe that these societies will nominate any physicians outside of their own membership? Now, out of the 6000 allopathic physicians in Pennsylvania, only 1000 are members of the allopathic State Society. Out of the 725 homœopathic physicians in the State, 200 are members of the Homœopathic Medical Society of Pennsylvania. Thus it will be seen that over 5000 physicians will have no representation under this proposed law.

Section I., moreover, fails to recognize the existence of rival medical sects or schools. Possibly this was done intentionally by the framers of the Act under consideration, in the hope that thereby they would be enabled to break down all barriers and legislate the homœopathic school out of existence. We claim that unless our school has equal representation in number, with the allopaths, on said board, members of our school coming before the board for examination have no assurance of receiving fair treatment. That this is no "bugbear," we may be permitted to quote the remarks of a prominent allopathic surgeon of Philadelphia. He says:

"The idea of an examining board independent of the teaching colleges seems to me to be an admirable one. If it were practicable to secure the passage of a law establishing such a body, constituted of the adherents of what we know as scientific medicine; to be concerned with the examina-

tion of those alone who do not intend to support and practice any exclusive and irregular system of medicine ; and to have the power of revoking any license conferred by them on proof of violation of this principle by the licensee, it would deserve the unqualified support of the profession." (J. H. Packard, M.D., *Medical Register*, September 8, 1888.

Do we need any more pointed utterance than this to show how the allopathic members of the board will serve homœopathists, providing the opportunity to do as they please is given them? Such being the animus of the allopathic profession, as exemplified by an eminent surgeon, the only safety of our school demands that we shall have equal representation with the allopaths in point of numbers, or that separate examining boards shall be appointed, one for each school of medicine. The proposed law does not give us the assurance of representation by even one member. It only accords us the valuable (?) privilege of submitting, through our State society, a list of eighteen names of men who might possibly represent us. It is evident, therefore, that as a majority of the board must be of one school or the other, there is nothing in the bill to prevent that majority from assuming the entire control of the functions of the board.

The nominations for membership in said board must be made by the State medical societies of the Commonwealth. This is an unwise provision. The State medical societies in existence at the present time are unincorporated bodies, and as such are perfectly irresponsible. Nominations by them may be made in a very irregular sort of a way. If made in open meeting and not by a committee, any one present can nominate any one else (or himself, for that matter). Again persons of dissatisfied ambition can readily find sufficient sympathizers to enable them to organize other State societies, which will, under the provisions of Section I., have the privilege of sending in eighteen names to the Governor.

Section II. of the bill provides that five members shall constitute a quorum. This shows that a bare majority of the board can about do as they please.

Sections III., IV. and V. provide for certain formalities in connection with the functions of said board, and which do not concern us.

Section VI. says: "The said board shall examine all applicants for license to practice medicine or surgery in this Commonwealth . . . and no one shall be excluded or rejected on account of adherence to any special system of practice." This provision looks very nice on paper, but it is absolutely worthless, as it fails to furnish any means by which it can be enforced.

Section VI. also provides that the examination, with the exception of manipulative procedures, shall be held in writing, and "that each applicant upon receiving from the secretary of the board an order for examination shall draw by lot a confidential number which he or she shall place upon his or her examination paper." Of what value is this provision? If there is any disposition to resort to dishonest practices, it will be an easy matter to evade it; and, moreover, there is no penalty affixed for its evasion or refusal to obey it.

Section VII. says: "Any person on paying ten dollars to the secretary of the said board, and on presenting satisfactory proof of being over twenty-one years of age, of good moral character, and of having received a sufficient preliminary education as defined by said board, and a diploma from some legally incorporated medical college or university, shall be entitled to examination by said board."

It will thus be seen that the first qualification for examination by the proposed board is the possession of a ten-dollar bill or its equivalent. This is rather hard on the young doctor.

Section VII. further provides that the board shall, at its discretion, issue licenses to practice to those who have received licenses from other State examining boards. What an avenue for fraud is here opened up!

The board has the privilege of defining what shall constitute a sufficient preliminary education. Here, again, is an unlimited opportunity for practicing discrimination.

The bill also interferes with the prerogatives of the Senate and the Executive. The Governor should be made responsible for his appointees by being unrestricted in his selection of suitable examiners. The Senate should have the privilege of confirming or rejecting the same.

At its meeting in New Orleans, the American Medical Association passed resolutions approving of the appointment of medical examining boards in every State of the Union, and urging upon its members the establishment of the same, at the earliest opportunity.

The American Medical Association says in its Code of Ethics:

"It is not in accord with the interests of the public or the honor of the profession, that any physician or medical teacher should examine or sign diplomas or certificates of proficiency for, or otherwise be specially concerned with, the graduation of persons who, they have good reason to believe, intend to support and practice any exclusive and irregular system of medicine."

After such plain statements as these, can it be possible to mistake the intents and purposes of the allopathic profession of America?

DANIEL LAWRENCE EVERITT, M.D.

Dr. Daniel Lawrence Everitt was born in Plattekill, Ulster Co., N. Y., on December, 2, 1823. His early education was received at the schools at New Paltz and afterwards at the well-known seminary at Amenia, Dutchess Co. He studied medicine at the College of Physicians and Surgeons, of New York, under the preceptorship of Dr. Asahel Houghton. He graduated from this institution in 1849, and began practice in the place of his birth. Two years later he was converted to the principles of homœopathy. In 1867 he removed to Brooklyn, N. Y., where he remained until his death, which took place on January 25, 1889. Dr. Everitt was the first President of the Ulster County Homœopathic Medical Society.

NEW PUBLICATIONS.

A CLINICAL ATLAS OF VENEREAL AND SKIN DISEASES. By Robert W. Taylor, A.M., M.D. Philadelphia: Lea Brothers & Co. 1888. Parts I., II. and III. Venereal Diseases.

This magnificent publication, with its lifelike plates and elegant press-work, is, indeed, a work of art. In these three parts are described, successively, "Gonorrhœa," "Chancroid," and "Syphilis," by an author, who is well known in this department of medicine. The size of the work, however, detracts from the value of the text, as it is too cumbersome to be easily handled and read. This defect is more than counterbalanced by the abundant illustrations, which alone are invaluable as object studies. The majority of them, too, appear to be original, or at least are unfamiliar. In Part I. are colored plates, showing the appearance of gonorrhœa and its complications both in the male and female, chancroid and its results in both sexes, and the initial syphilitic lesion as it appears in different portions of the body. Part II. contains the earlier skin manifestations, erythematous, papular, scaling and pustular syphilides, etc., while Part III. completes the subject with the later lesions, rupia, tubercular and ulcerative syphilides, gummatous ulceration and the appearances presented by hereditary syphilis.

The balance of the work will be devoted to diseases of the skin.

BRIGHT'S DISEASE OF THE KIDNEY. By Alfred L. Loomis, M.D., LL.D.

THE MODERN TREATMENT OF DISEASES OF THE KIDNEY. By Professor Du-jardin Beaumetz. Detroit: George S. Davis. 1889.

These two little volumes, from the Physicians' Leisure Library, are essentially supplementary to each other. The first named deals only with those forms of kidney disease classed under the generic name of Bright's disease, dwelling more particularly on the diagnosis and pathology of the same. Du-jardin Beaumetz's work, on the other hand, takes in the whole realm of renal diseases, and deals with their treatment exclusively.

GLEANINGS.

CONDUCTED BY

S. LILIENTHAL, M.D.,

E. M. GRAMM, M.D.,

W. W. VAN BAUN, M.D.,

E. W. MERCER, M.D.,

H. I. JESSUP, M.D.,

AND THE EDITORS.

PNEUMONIC EPILEPSY.—A drunkard suffered from pneumonia when 32 years of age, and again at the age of 40 years. In both cases the disease was ushered in by convulsions. The course of the disease was marked by no other unusual occurrences, and was without any cerebral manifestations. Neither before nor since the attacks of pneumonia had the patient suffered from epileptic attacks. Epileptiform seizures have several times been observed when washing out the pleural cavity after thoracentesis. This has been described as a reflex epilepsy. In the drunkard we meet with a soil prepared for nervous disturbances by alcoholic abuse. The affected lung or pleura readily carries the impetus to the central nervous system.—*Revue de Médecine*

TUBERCULAR NODULES OF THE CEREBELLUM.—Krause reports the case of a child supposed to be suffering from epilepsy, with headache, dull mind, convulsions involving principally the right side, and oscillating walk, with a strong tendency to fall backwards. The apices of both lungs were shown to be diseased. At the autopsy small tubercular nodules were found scattered all through the cerebellum.—*Centralblatt für Nervenheilkunde*, 22, 1888.

AN INEXPENSIVE CELL FOR GALVANISM.—A great barrier to the general introduction and use of electricity by the profession is the expense attached to the obtaining of a good battery. Dr. A. H. Buckmaster, of Brooklyn, has devised a galvanic cell that is exceedingly cheap. The glass jar used consists of a common fruit jar, and can be bought, in cases of eight dozen, at a cost of four cents apiece. The cover consists of six pieces of paste-board of two sizes tacked together. The three lower ones fit into the mouth of the jar, while the three upper ones project slightly over its edge. There are two perforations in the cover to permit of the passage of the zinc and the carbon. The zincs are six inches long, and have a transverse aperture near one end. A thread for a screw passes from the end, so that when a wire is passed through the aperture, a few turns make it fast. The cost at wholesale of these zincs is four cents. The carbons $5\frac{1}{4} \times 1\frac{1}{4} \times \frac{1}{4}$, cost about six cents. Each should be bored with a bit that is of uniform diameter to make an aperture for the wire. The exciting fluid is chloride of ammonium in solution, and it is sold in quantities for the purpose, at ten cents per pound. Two to three ounces should be sufficient for a cell.—*N. Y. Medical Journal*, January 5, 1889.

MORPHIA AND OPIUM IN THEIR RELATION TO MENSTRUATION.—Dr. Roller, the Director of the Asylum at Brake, remarks that when opium or morphia is administered to insane women, cessation of menstruation may occur in consequence; while in other cases in which the menses had either diminished or ceased entirely, the effects of the hypodermic administration of these drugs was to cause a return of the flow. It may even stop, though previously regular or profuse, after small doses given at long intervals. Lutand (*Union Médicale*, 31, 1887) found that women addicted to the use of morphia become irregular, and often menstruation ceases entirely. He therefore recommends its use in cases of uterine hæmorrhages, and in myoma or carcinoma uteri, where operation becomes impossible. Horsley, in an essay on cerebral surgery, recommends the hypodermic injection of 0.015 morphia before anæsthesia is produced, as it saves blood by producing contraction of the arterioles of the central nervous system; an incision in the brain when the patient is under the influence of morphia is followed by only slight hæmorrhage. Great care is needed in the methodical application of morphia or opium in insane women. Rest in bed and good non-stimulating nourishment must be steadily enforced, as of more value than narcotic treatment alone.—*Berliner Klin. Wochenschr.*, 48, 1888.

VULVO-VAGINISMUS OF YOUNG MARRIED WOMEN.—Meniere believes that where vaginismus occurs in newly married women, the disease probably existed prior to marriage. Cohabitation during the first days of married life causes a leucorrhœa, and this is followed by a phlegmasia which is not seen in chronic vulvo-vaginismus. The author recommends coition as a remedy. This is made more bearable by the daily introduction of dilators, lubricated with an ointment consisting of vaseline, 30.0; menthol, 1.0; extract of valerian, 2.0; extract of belladonna, 2.0.—*Internat. Cl. Rundschau*, 1888.

A PUZZLING PRESENTATION.—Dr. Alfred Kershaw reports a case to which he was called in the eighth month of pregnancy. Upon his arrival he found the pains were frequent, and the hæmorrhage profuse. An examination revealed, filling up the os and protruding into the vagina, something which he took to be the placenta; with some difficulty he in-enuated the hand past this mass and into the uterus, when he was astonished to find the placenta in the condition known as partial placenta prævia. He turned and delivered the woman of a hydrocephalic monster, with spina bifida, etc. The integument of the abdomen was entirely wanting, the liver and bowels being completely exposed, the liver was enlarged, and it was this organ which had been protruding through the os, and which he had taken to be the placenta.—*Br. Med. Journal*, December 15, 1888.

SYMPATHETIC VOMITING.—Dr. George G. Van Schaik considers the sympathetic vomiting of husbands, whose wives are pregnant and affected with morning sickness, which is occasionally observed, imitative in part, and partly due to an actual nauseated feeling at beholding the retching and vomiting of their wives. Attempts at vomiting on the part of a person are very frequently enough to "turn the stomach" of bystanders who themselves have rather weak stomachs. A similar condition is seen on board ship, where persons are suddenly attacked with vomiting by merely being near some one who is seasick, although they have felt perfectly well beforehand. He suggests that this may be proven by directing the husband and wife to sleep in separate rooms a few nights, and take their breakfasts separately.—*New York Med. Journal*, December 22, 1888.

CHECKING EPISTAXIS BY INJECTIONS OF LEMON-JUICE.—Dr. Geneuil, of Paris, has succeeded in checking epistaxis by means of injections of lemon-juice, twelve or even fifteen hours after every kind of hæmostatic has failed. He proceeded as follows: After washing the nostrils with fresh water, with a glass urethral syringe, he injects as much freshly-squeezed lemon-juice as the syringe will hold. In one or two minutes the blood ceases to flow. One injection is usually sufficient. Dr. Geneuil tried a concentrated solution of citric acid, but without effect. He does not, therefore, attribute the effects of the lemon-juice to the citric acid, but to the combined substances which the juice contains.

BULLET WOUNDS OF BOTH LUNGS: RECOVERY.—This rare case of recovery is reported by F. Charlesworth, M.D., of Zanzibar. The patient when about to board a dhow allowed his revolver to fall, one barrel went off and shot him in the left breast. The bullet entered one inch above and an inch and a half external to the nipple, and traversed the lung, its wound of exit being three inches to the left of the spine and one inch above the angle of the scapula. He then picked up the revolver, and while examining it another barrel went off, and wounded him in the right chest. This bullet also traversed the lung, entering one inch above and an inch internal to the right nipple, the wound of exit being in the upper border of the trapezius, midway between the point of shoulder and the middle line. In thirty-six hours hæmoptysis commenced, and continued freely during the night and next day, then gradually decreased, and stopped at the end of forty-eight hours. From that time he made a good recovery, and was discharged nineteen days afterwards, with both exit wounds healed and those of entrance reduced to a superficial character.—*The Lancet*, December 15, 1888.

NEW OPERATION IN EMPYEMA.—Prof. M. S. Subbotin, of Kharkoff, describes in the *Vrach* (No. 45) a new operation he has devised for opening the thoracic cavity in empyema, with a view of obviating the danger arising in Estlander's operation and in the modification of it practiced by Schede and Sprengle from the extensive raw surface which is necessarily allowed to remain in contact with the purulent discharge. Prof. Subbotin suggests that in cases where the lung itself is

free from disease, the unyielding nature of the thoracic wall may be overcome without the removal of the ribs by simply cutting them through; also, that if a rib is divided in two places, and the intermediate portion removed, the chest wall will become flexible and may be pressed inwards so as to lessen the cavity of the empyema, and in this way assist to put an end to the suppuration. He operated on a case in his care in the Kharkoff clinical wards last June. The patient chloroformed, an incision was made along the seventh rib, which was then stripped of its periosteum and excised to the extent of seven or eight centimetres. An extensive opening was here made into the pleural cavity. After the pus had been evacuated the cavity was carefully cleansed and the opening well covered with gauze, and a gauze compress applied. An incision was then made along the border of the pectoralis-major about five centimetres in length, exposing the sixth, fifth, and fourth ribs, and these were cut away (the periosteum not being left) with forceps until the rib became movable. Another incision was then made in the line of the posterior fold of the axilla, exposing the same ribs, which were again divided as before; the wounds were then sutured and dressed with gauze, a thick large pad of the same substance being applied outside, with a good compress bandage round the thorax. The upper wounds were kept from communication with the empyema. When, after a few days, the intra-thoracic wound was dressed, a drainage tube was inserted. The case recovered, though three months after the operation there was still a small sinus, discharging slightly. The advantages claimed by Prof. Subbotin for his operation are the small raw surface which is left in contact with the purulent matter, and the firm but movable portion of thoracic wall which can be pressed inwards by bandaging, so as to diminish to a considerable extent the size of the cavity.—*The Lancet*, December 15, 1888.

DIABETES MELLITUS FOLLOWING OBSTRUCTIVE JAUNDICE—Dr. A. B. Sweet reports a case that is of interest from its bearing upon the obscure pathology of diabetes mellitus. The patient had an attack of obstructive jaundice, which lasted about two weeks, and was followed by a relapse lasting about ten days. Constipation and itching accompanied the attack. Convalescence was slow, the patient lost flesh, and the urine was increased in quantity to from 2 to 3 quarts daily. Analysis showed from 2 to 3 per cent. of sugar and a specific gravity of 1040. Vision was peculiarly affected, all human faces appearing masked from the eyes downward. The lenses were cloudy and the retinal vessels occluded, probably from bile. Five months later the urine was normal, and when seen nine months from this date patient was apparently in good health. The treatment consisted of diet and codeine, —*New York Medical Journal*, January 19, 1889.

TREATMENT OF NASAL AND PHARYNGEAL CATARRH BY VASELINE SPRAY.—Dr. Rumbold advises the use of vaseline for treatment of catarrhal affections of the nose and throat. The following mixtures are very highly spoken of: No. 1. Add 10 minims of eucalyptol to 2 oz. of vaseline and mix cold. No. 2. To 2 oz. of vaseline add 10 minims of the oil of gaultheria and mix as in No. 1. No. 3. To 1 oz. of glycerine add 30 minims of the fluid extract of *pinus canadensis*; to this slowly add 3 oz. of boiling water and let it cool.

To use—add to 1 drachm of pure vaseline, about 1 grain of No. 1 mixture. Heat this till it is liquefied, then spray it into the vault of the pharynx and also into the nose. Taking 1 grain of No. 1, 1 grain of No. 2, and 5 drops of No. 3, add 1 drachm of pure vaseline, treat and spray all the parts which are exposed through the mouth. These applications are claimed to be of great service in all forms of rhinitis, and are especially valuable when used before exposure to intense cold or damp night air.—*Journal of American Medical Association*, January 5, 1889.

CREOLIN IN AFFECTIONS OF THE NOSE AND THROAT.—A weak emulsion of creolin douched into the nose has given very good results in destroying the odor of *ozæna*. In follicular tonsillitis and after operations upon the throat, a gargle of creolin will act quite nicely.—*Journal of Laryngology*, December, 1888.

THE TREATMENT OF CROUP.—Whether croup be regarded as a disease due to the presence of microorganisms or not, makes no difference: The treatment of the disease is based upon the fact that we have to deal with an abnormal secretion, and we have in the sulphide of calcium a remedy which will exert a powerful influence upon its development. Instead, therefore, of ordering the nauseating ipecac we should give a small portion of this comparatively harmless remedy. In

the worst cases one-tenth of a grain hourly will accomplish all that could be wished for. Larger doses appear to exert no better effect than the smaller ones; probably because of the nauseating effect set up by their contact with the delicate mucous membrane of the stomach. As a rule the first signs of on-coming cramp may be satisfactorily overcome by the measures suggested, and for the general class of such cases it will be necessary only that the little patient should continue the treatment for a few days, or at most a week.—*Medical Register*, January 12, 1889.

COMPLETE INVERSION OF THE UTERUS.—Dr. A. Livezey reports a case of this accident occurring in a woman aged 25, multipara, who was delivered of a large child while in the kneeling position. By the efforts of the midwife to deliver the placenta by pulling on the cord while the patient still knelt, the uterus was completely inverted, the placenta remaining adherent. Attempts to replace the fundus were rendered futile by the firm contraction of the muscular fibres of the cervix. Enemata of an infusion of lobelia were given, and a dose of ten drops of tincture of gelsemium was given by the mouth. After about twenty minutes the cervix became soft and relaxed, and the fundus was replaced with great ease. The author believes that the use of the drugs mentioned will always be followed by good results in cases of a similar character.—*Medical Analectic*, January 17, 1889.

SUBCUTANEOUS INJECTIONS OF ANTIPYRINE AND COCAINE DURING LABOR.—Dr. De la Touche, having been called to a first labor in a woman, aged 24, found her in a violent state of excitement. The pains were strong, and the patient's cries were phenomenal. He prepared a solution of 15 grains of antipyrin and a fifth of a grain of cocaine in half a drachm of distilled water, which he injected at intervals into the abdominal walls to the extent of seven grains of antipyrin and one-tenth grain of cocaine. The patient at once became calm and the pains were assuaged, though the expulsive efforts continued as before. Delivery was normal. He commends this means of attenuating the pain as free from the risk of chloroform.—*Archives of Gynecology*, December, 1888.

MENSTRUAL FLOW, ITS PLACE OF ORIGIN.—Dr. E. J. Chapin Menard describes a case of inversion of the uterus where a dark, healthy flow, but without epithelia, had come from the tubes, which were under direct observation. The uterus had during the whole epoch been congested and bright red, but at no time moist enough to stain a piece of paper rubbed over its surface. The tubes were dilated at their openings. Judging from the anatomical make-up of the womb and from various clinical facts, she was convinced that this was the natural order of things, and that, while epithelium and debris of decidual origin were washed away, no blood escaped from the uterine wall. Sometimes, when in doing Battey's operation, the surgeon failed to remove the tubes close up to the uterus, menstruation had continued although no ovaries remained.—*Archives of Gynecology*, December, 1888.

PURPURA, ASSOCIATED WITH ARTICULAR, GASTRO-INTESTINAL, AND RENAL SYMPTOMS.—Dr. William Osler reports two cases, which, with others to be found in the literature, belong to a group of diseases characterized by:

- I. Recurring outbreaks of purpura often associated with urticaria or local oedema.
- II. Articular pain, sometimes with swelling.
- III. Gastro-intestinal disturbance—colic, vomiting, diarrhoea and occasionally hæmorrhage.

IV. Hæmaturia, albuminuria, and sometimes a fatal nephritis.

After a record of the literature of cases, similar to those reported, the author concludes as follows: I think these cases come properly under the designation *purpura rheumatica*, of which they constitute the most aggravated and serious form. The varieties of this condition may be grouped as follows: 1. Cases in which the purpura occurs with slight articular pain, or with diarrhoea alone, or in which the eruption comes without these symptoms in children who have had rheumatic manifestations. 2. Acute arthritis involving many joints and associated with extensive *purpura urticans*—the *peliozia rheumatica* of Schönlein. 3. The variety here described in which, with articular affection and purpura, there are gastro-intestinal crises, hæmorrhages from certain of the mucous surfaces, albuminuria, and in some cases a fatal nephritis.

Are these cases truly rheumatic, or is not the articular affection upon which so much stress is laid analogous to that which we see in hæmophilia and scurvy? It is difficult to escape from the former view in the presence of characteristic cases of

peliosis rheumatica with endocarditis and pericarditis; and yet the close relationship and even interchangeability of certain of these cases of purpura with urticaria, with erythema nodosum, and with angio-neurotic oedema, favor the suggestion that the entire group may depend upon some poison—an alkaloid, possibly, the result of faulty chylipoietic metabolism—which, in varying doses in different constitutions, excites in one urticaria, in a second *peliosis rheumatica*, and in the third a fatal form of purpura.—*New York Medical Journal*, December 22, 1888.

THE TREATMENT OF ECZEMA BY COLD POWDERS.—Dr. Veiel, in a paper on the treatment of eczema (*Monat. f. prakt. Derm.*, 1888, p. 181), speaks highly of the soothing effects to be obtained in acute cases without exudation by the application of cold dry starch powder. Gauze bags filled with the powder are applied to the part, and kept cold by being covered with India-rubber bottles filled with ice and salt, which are frequently refilled.—*New York Medical Journal*, December 22, 1888.

A NOVEL HAIR DISEASE.—Dr. W. Rushton Parker has had a man, aged 35, under observation for ten years in whom a tubercle suddenly makes its appearance somewhere on the chin. Its development is preceded by tingling and from it he can extract a number of diseased hairs, with immediate relief. They are removed with great ease, without pain; they are often surrounded by a glutinous cylinder of root-sheath, and occasionally by a speck of pus outside this; they often have one or two joint-like spots in their course, at which they very easily break off; the ends are always split up longitudinally into a brush of from two to six segments; the unsplit part is always dull and coarse, and splits artificially very easily.—*British Med. Journ.*, December 15, 1888.

TO EXPEL FALSE TEETH WHICH HAVE BEEN SWALLOWED—Following Sir James Paget's suggestion, a writer in an English journal administered to a patient who had swallowed a gold plate with two teeth attached, three good-sized slices of bread and four tablespoonsful of flour and water made into a fairly thick mass. This was followed by an emetic, and the teeth returned entangled in the tenacious vomit.—*The Pacific Record of Med. and Surg.*, December 15, 1888.

A SUCCESSFUL CASE OF COLO-COLOSTOMY.—Dr. Willy Meyer (*Medical Record*, November 24, 1888) describes a case on which he performed an enterostomy between the ascending and transverse colon for carcinoma. The patient, a woman, 33 years of age, was suffering from recurring intestinal obstruction, and was emaciating rapidly. Exploratory laparotomy revealed an infiltrating carcinoma a little above the hepatic flexure, and secondary growths over the whole surface of the ascending colon. Retraction of the scirrhus growth caused a bulging forward, and approximation of the portions of the colon above and below the tumor. The ascending colon was accordingly chosen instead of the ileum, which was healthy. Strong catgut ligatures were passed through the meso-colon, two above and two below the growth, and three and a half inches apart. The portions of gut between them being emptied, they were tied temporarily, and a longitudinal incision about two inches long was made in each emptied segment. The margins of one incision were then stitched to the corresponding ones of the other by a Lembert suture. The operation was extra-peritoneal, the gut being drawn out and the abdominal wound and intestines protected by iodoform gauze and flat sponges. The aftercourse was uneventful, with the exception of an icterus, which developed on the second day, and lasted two weeks. This the writer attributes to reabsorption of the bloody serum that had filled the abdominal cavity at the time of the operation, and which, to save time, was not completely sponged out. In four months the patient had gained forty-three pounds, and was able to cook and do housework. The tumor had decreased in size. The writer claims that this is the second successful case of enterostomy for cancer of the intestines, and the first of colo-colostomy.

INTERNAL URETHROTOMY.—Dr. Robert T. Morris, in a paper calling attention to some of the uses of boro-glyceride, describes the methods he pursues in performing internal urethrotomy. The urine is loaded with boric acid given internally, and the anterior urethra washed out with bichloride solution, 1 to 5000. Anæsthesia is induced by injecting into the tissue of the glans penis, with a hypodermic needle, five or six drops of a ten per cent. solution of cocaine. The circulation is, in the meanwhile, cut off by digital compression of the penis, and the whole organ, he claims, is rendered insensitive. The instruments, properly disinfected, are lubricated

with boro-glyceride and glycerine, equal parts. After the operation, the penis is splinted with strips of pasteboard or cigar-box to stop hæmorrhage. He operates on such patients in his office, and then lets them go about their business. The after-treatment consists of the administration of boric acid internally for a few days, and sounds at a later date for the purpose of "keeping the stricture open."—*Internat. Journ. of Surg. and Antiseptics*, October, 1888.

SKIN FLAPS AND STITCHES TO HOLD DRESSINGS.—Prof. Madelung reports (61 *Naturforsch. und Aerzte Sammlg.*) a method extensively practiced by him to securely fix the packing in a cavity (preferably of iodoform gauze). The skin is drawn forward over the gauze into flaps and fastened by stitches of iodoformed silk or silver wire. For a wound three to four inches long he uses two to three stitches. The outer dressings and the bandaging are much simplified. The same method can be used to firmly fix a small quantity of gauze immediately over a closed wound, where dressings are liable to slip and in operations near the genitals and anus.—*Centralblatt für Chirurgie*, No. 46, November 17, 1888.

THE REMOVAL OF FOREIGN BODIES FROM THE STOMACH AND INTESTINAL CANAL.—Billroth advises the eating of large quantities of potatoes, for the removal of foreign bodies in the gastro-intestinal canal, *per vias naturales*. The potatoes cause a marked dilatation throughout the entire intestinal tract, so that the foreign body is permitted to pass through without becoming attached anywhere. By this treatment a nail was discharged after nine days; five years ago, Albert performed gastrotomy for the same accident. Billroth remarks that it is sometimes very difficult to find a foreign body in the stomach. Once he performed gastrotomy for the removal of a set of false teeth, which could be pretty plainly felt from the outside; but he had to search for them a long time, before he found them in the neighborhood of the cardiac extremity of the stomach. He, therefore, makes an earnest plea for the trial of his potato treatment before resort is had to more severe measures.—*Wiener Medic. Wochenschr.*, 2, 1889.

THE DIAGNOSIS OF GONORRHEAL DISCHARGES—In a case of suspected discharge how is the practitioner to decide whether it is specific or not? The method of examination is simple and rapid, and requires a good microscope with a reliable immersion lens and an Abbé illuminator. The ordinary reagents and apparatus for histological work should be at hand. Diplococci in colonies or groups within the leucocytes or pus cells are to be looked for, the discharge having been treated as follows:

A small drop of pus is spread out in the centre of a thin cover-glass, carefully cleaned and held by a pair of forceps. This is quickly dried in the hot air at some distance above the flame of a spirit-lamp. A drop of concentrated alcoholic solution of methyl-violet is allowed to run over the dried discharge for a moment, the superfluous portion being drained off by standing the cover-glass on its side on a piece of clean blotting paper. The glass is again held over the lamp, but not long enough for the coloring solution to dry, this being then washed off under a stream of distilled water from a wash bottle. To thoroughly dry the glass, it is now dipped in absolute alcohol, and held for a few seconds over the flame. A drop of Canada balsam, dissolved in benzol, is dropped on the cover-glass, which is then laid on a clean warm slide. The specimen can now be studied, the whole procedure taking up, after a little practice, no more time than an ordinary examination of urine.—*Wood's Medical and Surgical Monographs*, vol. 1., No. 2, February, 1889: "Gonorrhoeal Infection in Women," by W. J. Sinclair, M.D.

AFFECTIONS OF THE NERVOUS SYSTEM IN CONSEQUENCE OF PERIPHERIC LESIONS.—Brown-Séquard treated a patient who showed all the symptoms of cerebral paralysis of the insane, and who suffered at the same time from disease of the internal ear. The mastoid process was trephined, and a perfect cure followed. Another patient suffered from glandular irritation, followed by severe cerebral symptoms. The removal of the glandular irritation quieted the nervous centres and health was restored.—*Semaine Med.*, 2, 1889.

THE CURE OF A CASE OF IDIOCY BY ARSENIC POISONING.—A child of two and a half years of age, healthy but mentally weak, with enuresis and incontinence of feces, swallowed some arsenical rat poison by accident. By energetic treatment its life was saved, and the boy came out of his danger another being. He was no

longer filthy in his habits, and his speech, which before had been limited to but one or two words, has greatly improved. His morose behavior disappeared, and he is lively and playful.—*Münchener Medic. Wochenscher.*, 1, 1889.

THE DURATION OF LIFE IN EPILEPSY.—Dr. Köhler, of Hubertsburg, has made an inquiry into this subject based principally upon insane and idiotic epileptics. He has arrived at the following conclusions:

1. Epilepsy shortens life.
2. This shortening of life occurs at a later age in females, while in males the most dangerous time is until 25 years.
3. The danger is greater with epileptic idiots.
4. Residence in asylums guards against dangers which are frequently met with in the outside world and in families.
5. It is highly necessary to place the epileptic, at the earliest possible time, in suitable asylums, partly for cure, partly to moderate the attacks, partly to guard against the physical and ethical deterioration, and partly to preserve the power of working and of occupation.
6. Although the dangers which surround the epileptic seem to be the same in the asylum as outside, they are much greater in the outer world through complications and quarrels or through the use of alcoholic drinks, through sexual excesses, accidents during the attack and excitements of various kinds.—*Journal of Dental Science*, January, 1889.

THE BEHAVIOR OF THE MUCOUS MEMBRANE OF THE FUNDUS OF THE UTERUS IN CARCINOMA OF THE NECK.—In seven cases of extirpation of the uterus for carcinoma of the neck by Dr. Landau, Karl Abel found, on examination microscopically, that in all the cases, the mucous membrane of the fundus had undergone great changes while that of the cervix was only slightly invaded. In three cases there was sarcomatous infiltration, one a rapidly growing round-celled sarcoma, in a case of recently involved carcinomatous cervix, the other two, spindle-celled sarcoma; in two of the other four cases he found what he considered an early stage of the sarcomatous change, while the remaining two cases showed only signs of inflammation without any evidence of new formation. From the results of these examinations the author considers the operation of extirpation of the uterus a justifiable procedure in all cases of carcinoma of the cervix.—*Centralblatt für Gynäcologie*, January 5, 1889.

MENTAL DEPRESSION AND THE EXCRETION OF URIC ACID.—Dr. Haig contributes a very interesting paper on the relation between mental depression and the excretion of uric acid. The author shows that the mental condition of many patients depends upon the amount of uric acid in the blood; when the acid is in excess, it produces marked depression or irritability of temper; when this excess passes off, there is a feeling of exaltation and sense of well-being. Many suffer from a certain amount of mental depression or heaviness at that time of day at which the excretion of uric acid is normally at its greatest, that is in the morning between breakfast and lunch, during the time that the acidity of the urine is lowest. This corresponds in every way to the condition produced by giving alkalies, which wash uric acid in excess into the blood, so inducing depression; by giving acids sufficient to counteract the alkalinity of the blood, the heaviness and depression will give place to a feeling of well-being, mental clearness and pleasure in living. When the blood is strongly alkaline, and in a condition to hold much uric acid in solution, all the symptoms of mental depression are present, and are more or less marked according to the amount of acid present, the excretion of uric acid in the urine being at the same time proportionally in excess of the average. When a dose of mineral acid has been taken, the mental conditions clear up exactly in proportion as the uric acid is cleared out of the blood, and its excretion in the urine diminishes. When a dose of acid has been taken to cure a headache or a fit of mental dependency, it is extremely common for some amount of shooting pain in the joints to be present while the acid is driving the uric acid out of the blood. By reducing suddenly the alkalinity of the blood in this manner, it is very common for the uric acid in the tissues of the joints to be deposited in the joints instead of passing off in the blood. In the treatment of cases of mental depression, where it is evident that the excretion of uric acid plays a chief part, it is not always certain that a dose of acid, taken now and then, will produce a cure; the prevention of the excessive formation must be aimed at by regulating the diet. A large amount

of butcher's meat must not be allowed, but should be replaced by fish, fowl and milk, and stimulants are to be avoided. In many severe cases the author has met with great success by insisting on a diet of bread, butter, milk, potatoes and a large quantity of fruit, continued for weeks or months. At the beginning of this treatment the washing out of the uric acid stones may be hastened by giving about 15 grains of salicylate of sodium three or four times a day, or, in some cases, a dose of 20 grains every night is sufficient. This subject is worthy of continued study, and should commend itself to all medical men.—*The London Medical Recorder*, January 21, 1889.

TREATMENT OF THREAD-WORMS.—Dr. Cheron recommends injections of cod-liver oil made into an emulsion with the yolk of an egg, for the cure of thread-worms in infants. It has never failed in his hands.—*Medical Press and Circular*, January 9, 1889.

BRANDT'S METHOD OF TREATING TYPHOID FEVER.—At the meeting of the Société Médicale des Hôpitaux, Jubel Rénoy reported ten more cases of typhoid fever treated with cold baths. Of these, five were severe cases. A girl of eight years, who had had albuminuria for eight years as the result of scarlatina, was the most severe case of all. Adynamia was already present before the appearance of the roseola. The sphincters were paralyzed, there was a high grade of weakness of the heart, asphyxia threatened, and the pulse ranged from 160 to 180. One hundred and seventy-seven baths in forty-three days, saved the girl's life. On account of the extremity of the case the baths were given with a temperature of 15°, 12°, and even 10° C., and for four or five minutes, iced water was poured on the head, and ice-bags were applied constantly over the region of the heart. Five hundred baths were given in the other cases and, no disagreeable results were known to follow the same. In the whole 91 cases thus far treated by Rénoy according to the method of Brendt, the mortality was 5.48 per cent. Josias treated 14 cases and lost none. Rénoy follows this method of treatment even in cases that are brought into the hospital at the end of the second week; he bases his diagnosis on the temperature curve, the spots of roseola, and on the examination of the urine. In relation to diagnosis, Havem remarks that at the beginning of typhoid fever the quantity of fibrine in the blood is not increased although the temperature runs high — *Progrès Méd.*, 1, 1889.

ASTHMA CAUSED BY A FOREIGN BODY.—Dr. J. M. DaCosta, in a clinic held at the Pennsylvania Hospital, December 1, 1888, showed a unique case in which the symptoms of spasmodic asthma were closely simulated by the presence of a foreign body (a piece of apple $\frac{3}{4}$ of an inch in greatest length, and about $\frac{1}{2}$ by $\frac{1}{4}$ inch in cross section, swallowed during an epileptic seizure, associated with unconsciousness) in the trachea, lying at the bifurcation into the bronchi. It caused intense distress and labored respiration. But what was curious, the patient, a lad of sixteen, had also the physical signs of asthma, intense dyspnea, noisy breathing, prolonged expiration, and weak inspiration. The percussion note was clear. There were no râles in the finer tubes. With this exception, he presented all the symptoms which are looked for in a case of asthma. The symptoms were due to a condition of spasm in the bronchial tubes. The foreign body was coughed up during a severe spell of dyspnea.—*Med. and Surg. Reporter*, February 9, 1889.

RHEUMATIC OEDEMA, WITHOUT ARTHROSES.—Dr. H. Coeur describes two varieties of this disease. The one is preceded by suddenly-appearing pains in the affected region; following these pains, more or less extensive serous effusion occurs, which is accompanied by redness and localized elevation of temperature. This is the variety designated by Guyon and Kirrison pseudophlegmonous oedema.

The second variety consists of a pale, indolent oedema, similar to the hydropsy of nephritis, but is distinguishable from the latter by the absence of albuminuria. At times it is localized, at others universal. The peculiar character of this oedema and its alternation with arthropathies or other rheumatic manifestations, establish the assumption of the presence of a rheumatic diathesis. Its appearance is accompanied by vaso-motor disturbances.—*Monatsh. für. Prakt. Derm.*, Bd. I., January, 1889.

MONTHLY RETROSPECT

OF HOMŒOPATHIC MATERIA MEDICA AND THERAPEUTICS. .

CONDUCTED BY

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PROVINGS.

PROVINGS OF COCAINE.—Dr. Percy Wilde, in the British *Monthly Homœopathic Review*, for January, publishes a collection of symptoms, the result of provings and observations of cases of poisoning by cocaine, from which we excerpt the following:

Mouth and Throat.—Intense salivation (following local application). Dryness of the mouth and throat (after internal administration). Loss of power in the tongue. Spasm of abductor muscles (local application). Weakness and thickness of the voice.

Nervous System.—Giddiness (primary), sometimes accompanied by restlessness and supra-orbital headache, followed by excitement, which may pass into unconsciousness. Patients could not be roused by shouting. Hallucination or mania (in a few cases only). Sometimes the semi-consciousness of cerebral anæmia. The patient lay as if asleep, talking as if in delirium (one case). Immediate sleep followed a dose of 22 grains. Agonizing pain along the spine, especially in the lumbar region. Complete inability to move the limbs. Twitching and convulsive movements of muscles. Tetanic spasm of muscles. Experiments on dogs (Zanchevski) showed great weakness of the legs, the animals remaining in a sitting posture. Post-mortem examination in cases of chronic poisoning showed albuminoid degeneration, especially marked in the ganglionic cells of the spinal cord and cardiac ganglia, and less marked in the ganglionic cells of the medulla oblongata. There was also a fatty degeneration of the muscular tissue.

Eyes.—Sensibility of conjunctiva absent after internal use only. Pupils normal, veins of retina normal, arteries rather thinner and paler than usual. Papilla of optic nerve of normal fulness. Local application to the eyes produces two classes of lesions. In the first, the changes chiefly affect the epithelial layer; in the second, there is opacity of the true corneal substance. Epithelial desquamation in rabbits. Internal administration frequently produces dilatation of pupils and almost complete amaurosis.

Stomach and Liver.—Tendency to vomit, but efforts are useless, only the movements of retching are produced. Recurring vomiting, lasting two or three days. Cramp in stomach. Atrophy of the hepatic cells observed in dogs after chronic poisoning. Severe abdominal pains after a very large dose.

Skin.—A rash about the body, especially affecting the neck, and resembling scarlatina. Sweating. Numbness of the skin when locally applied. Blanching of the skin. Coldness of the extremities.

Respiration.—Sometimes unaffected. Cyanosis. Paroxysmal dyspnoea (probably cardiac). In animals, increased frequency of respiration (for about a quarter of an hour). Two hours after 10 grains had been taken hypodermically by a drunken man, the respirations were only 9 per minute and stertorous. Convulsive respirations. Breathing irregular, very hurried, but deep and full.

Circulation.—There is first excitement of the heart, followed by weak action; often intermittent palpitation; faintness and dyspnoea. Post-mortem examination showed the changes noted under the nervous system, and cellular proliferation and hyaline degeneration of the coats of the bloodvessels in the spinal cord.

Urine.—Suppression of urine for twenty-four hours followed a dose of twenty-two grains.

A PROVING OF HOMARUS (LOBSTER FLUID).—Dr. A. M. Cushing obtained a live lobster, and secured the digestive fluid, a thick, reddish, offensive liquid, and triturated it up to the fifth decimal. The doctor took five and ten grain doses until he had taken three hundred grains, during a period of five weeks. Four days after the beginning of the proving, he experienced tingling in the throat. A day or two later, a watery discharge from left nostril occurred. The throat showed a network of large vessels, and presented a sort of granulated look or of a grayish deposit. (A physician who saw the throat, said the doctor would have diphtheria in two days.) The throat burned, and was painful, the pain extending up the left side into the head, all around the ear. He had to hold the side of his head with his hand. There was an inclination to cough, but breathing with the mouth open in the very cold air would relieve throat and cough at once. There was occasionally sharp, sudden pain in the eyes—sometimes in one, then in the other. The left eye was quite painful, and sore to touch; sight not affected; light did not aggravate; accumulation of mucus on eyelids. Pain in both lungs; a hard, not very sharp pain through the centre of the lungs to the scapula; hard near the scapula. Burning all over the chest, apparently in the pleuræ; heart unaffected. Dull, aching distress in the stomach; the pain seemed to be worse near the spine. There was much pain in the liver, at times sharp and cutting; worse in the lower portion, apparently below the gall-bladder. Frequent pains in the spleen. Pain in the back, apparently above the kidneys, at one time so sudden and sharp on the right side that he was compelled to sit down. Bowels loose, then costive; large, long, tenacious stool; alternate once in three or four days. Arms and legs painful. Knees so weak that he staggered. Feet at first cold, then hot and burning. Urine not affected. For a week or more the prover awoke about four or five o'clock, two hours earlier than usual, and could not go to sleep again. About second week would go to sleep on retiring, and sleep from one to ten minutes, then awake, and could not go to sleep for one or two hours. Two weeks later, the sleeplessness changed to the morning hour again. Frequently in the middle of the night, had hard distress in the stomach. He had frequent biting itching on the body and legs, worse nights; he rose, and lit the gas to convince himself he was not bitten by bugs. There was much severe headache, worse over the eyes, extending to the occiput, more on the left side.—*Trans. N. Y. State Hom. Med. Soc.*, 1888.

THERAPEUTICS.

GLONIN IN CEREBRAL CONGESTION.—Dr. E. M. Hale regards *glonin* 3c a specific remedy in cerebral congestions, due to paresis of the vaso-motor constrictors of the cerebral vessels.—*Medical Investigator*, December.

PULSATILLA IN LEFT SUPRA-ORBITAL PAIN.—Dr. Blake, in an article on "Headaches" appearing in the January *Monthly Homœopathic Review*, quotes Dr. Ludlam as an authority for the assertion that the left supra-orbital nerve is more especially related to the pelvic organs than the right: "The menses are delayed, the left supra-orbital pain begins when the flow ought to come; it continues with increasing severity until menstruation sets in, after which it gradually subsides." These cases of left brow tic were cured by *pulsatilla* 3.

FLUORIC ACID IN OCCIPITAL HEADACHE.—Dr. Clarke greatly relieved a man who had occipital headache after a fall, with sweating of the face, by the administration of *fluoric acid* 12.—*Monthly Homœopathic Review*, January.

HELLEBORUS NIGER IN OCCIPITAL HEADACHE.—Dr. Edward Blake thinks this remedy neglected in occipital headaches. He has found the drug of value with these indications present: "Dull, persistent pain in the occiput, with a sensation of water swashing about." The medicine acts better if dysuria be present and the headache culminates in a fit of vomiting. He uses it in the 12th centesimal only.—*Monthly Homœopathic Review*, January.

MERCURIUS CORROSIVUS IN DISEASES OF THE EYE.—Dr. M. O. Terry reports the case of a man, aged fifty-five, who used alcohol and tobacco, whose vision was lessening. Examination disclosed a retinal hemorrhage in the right, and patches of lymph in the left eye, due to choroiditis. Tobacco and alcohol were discontinued, and *mercurius corrosivus* $\frac{1}{100}$ prescribed (one tablet at meal time). The remedy restored vision. The time of treatment was from April 24th, 1888, to June 20th, 1888.—*N. A. Journal of Homœopathy*, January.

AGARICUS IN SPASM OF THE AURICULAR MUSCLES.—Dr. H. D. Schenck, in the January *N. A. Journal of Homœopathy*, reports the case of a young seamstress, aged twenty three, who, besides suffering from sub-acute catarrh of the middle ear and tinnitus, was troubled with rhythmical movements of the muscles of the ears. The range of movement was over a quarter of an inch in the left and half as much in the right. The movements were not synchronous on the two sides. The movements were entirely beyond the patient's control. Ferrum relieved the tinnitus and catarrh, but *agaricus* cured the spasm of the ear muscles.

RHODODENDRON IN TOOTHACHE.—Dr. Bruckner, of Basel, promptly cured a case of nervous toothache with a small dose of *rhododendron* after the failure of antipyrin. The pain appeared on the right side of the face, quickly went to the left and instantly attacked the teeth. From there it went to the ear as though it would pass out that way. It often began when the patient took a needle in her hand. The pain would stop while eating and would not return for some time after.—*Hom. Monatsblätter*, January.

BARYTA CARBONICA IN PARENCHYMATOUS TONSILLITIS.—Dr. J. W. Dowling has never seen *baryta carbonica* fail in parenchymatous tonsillitis if it is given within twenty-four or thirty-six hours after the inception of the disease. It is of no service when suppuration ensues.—*Trans. N. Y. State Hom. Med. Soc.*, 1888.

GLONIN IN HEART DISEASES.—"I have observed the effects of the drug in twenty-eight different cases, and in only four has it absolutely failed. . . . As far as I have been able to judge, however, its effects are only temporary, even in cases of organic lesions. It may be regarded simply as a symptom medicine, and one which probably exerts little, if any, permanent effect on the course of diseases of the heart. It undoubtedly has its sphere in the treatment of painful and irritable conditions of this organ, and for the temporary relief of these conditions it has seemed to me to be rather more reliable than any other single remedy."—Dr. E. M. Hale, *Medical Investigator*, December.

GLONIN IN SIMPLE NERVOUS PALPITATION AND CARDIAC ARRHYTHMIA.—Dr. J. Crook greatly relieved a case of palpitation with arrhythmia, the heart dropping five to seven beats per minute, in a man of twenty-seven, with *glonoin*, in drop doses of a one per cent. solution.—*Medical Investigator*, December.

CACTUS GRANDIFLORUS IN LEFT-SIDED PAINS.—Dr. Claypool with *cactus grandiflorus* 3 cured a terrible aching pain in the left side, covering the floating ribs, that kept up night and day, without any special time, aggravation, or amelioration. The patient complained that a sort of mechanical or spasmodic action would come on at times, with a pressure like a bar nearly across the chest, high up. Many remedies had been unsuccessfully employed.—*Trans. Ohio State Hom. Med. Soc.*, 1888.

NAPHTHALIN IN COUGH.—"I have found it of much service in the bronchitis of old people, characterized by the markedly spasmodic nature of the cough, which is mostly attended by rattling in the upper bronchial tubes, with difficult or absent expectoration. Perhaps I may best express my meaning by saying that it occupies an intermediate position between the tightness of phosphorus and the loose rattling of tartar emetic and ipecacuanha. In some cases there is an alternation of tightness and looseness; but still the drug is equally potent. You will sometimes, I might say often, find this characteristic cough associated with an old fibroid lung. Here you will obtain very gratifying results from the persistent use of naphthalin 2x. It will not, of course, clear up the lung, but it will control the racking cough in a manner unequalled by any other drug with which I am acquainted. If your expectoration is sticky, tough or ropy, think of naphthalin if your kali bichromicum, senega or ammoniacum fail you in a patient past middle life. In whooping-cough it is regarded by many as a specific, and it certainly greatly benefits a large proportion of cases."—Dr. F. F. Laird, *Trans. N. Y. State Hom. Med. Society*, 1888.

CUPRUM ACETICUM IN ITCHING HÆMORRHOIDS.—Dr. W. B. Robinson, in the January *Chironian*, reports three cures of itching hæmorrhoids (one of fifteen years' standing) with *cuprum aceticum* 3x. The indicating symptoms were itching of the anus and legs, worse at night, ameliorated by rubbing; constipation.

IGNATIA IN HÆMORRHOIDS.—Dr. W. P. Wesselhœft reports, in the February *Medical Advance*, the cure of a case of bleeding hæmorrhoids with one dose of *ignatia* cm. The tumors had five years previously been ligated, but returned and were worse than before. Bleeding occurred only during stool, and it was occasionally so profuse as to spurt out and be heard against the side of the vessel. Pro-lapsus ani and general miserableness were complained of. The prescription was largely based upon the fact that the woman's troubles had been greatly aggravated by domestic grief.

AMMONIUM CARBONICUM IN DIABETES.—A cuirassier, 48 years of age, had been ill six months, complaining of thirst; loss of appetite, especially for bread; constipation; sweet taste on the lips and bitterness in the mouth in the morning. The head was heavy, the face had grown haggard, there was almost constant sighing, the tongue was coated white, and there was pain in the epigastrium, especially upon pressure. During inspiration there was pain on the right side of the sternum. Before he was taken sick he appeared to be very angry, after which he remained impotent for a long time. An examination of the urine determined the presence of sugar. The combined symptoms, particularly the bitter taste in the mornings, the sighs, the abdominal tenderness and the pain in the chest during respiration led to the choice of *ammonium carbonicum* 30x. He was put upon the diabetic diet. In four days he was better, the sweet taste on the lips had gone and a saltish taste had taken the place of the bitter one. He then complained of vertigo and great weakness in the joints, also strong characteristics of the remedy. In fourteen days the sugar had disappeared from the urine and he again had the appearance of a cuirassier.—*Allg. Hom. Zeitung*, vol. 118, No. 4.

ARSENICUM IN SCIATICA.—Dr. Gandy cites three cases of sciatica, with nightly aggravations, dryness of the mouth, thirst, dark circles around the eyes, diarrhœa, tendency to change position, which caused the pain to be augmented, cured by *Arsenicum* 1000. The same remedy cured a case of double sciatica, after having caused a drug aggravation.—*Revue Homœopathique Belge*, October, 1838.

HYPERICUM IN TETANUS.—Dr. Heuser, of Leipzig, in an article entitled "Hypericum, the Specific for Tetanus," cites brilliant results in the cure of traumatic tetanus, even when the attack was thoroughly established. The remedy was given in 1x dilution, two drops every hour. His first case was cured in 1866. "Since which," he continues, "I have cured every case, not only those in which the premonitory symptoms only have presented, but those in which the tetanus has been well developed."—*Allg. Hom. Zeitung*, vol. 118, Nos. 1 and 2.

ARGENTUM NITRICUM IN EPILEPSY.—Dr. J. C. Fahnestock prescribed *argentum nitricum* 30 to a case of epilepsy, and cured it. The indicating symptoms were: "Pale, dirty look of face; thin and scrawny; pain in left frontal eminence; history of brain disease in childhood."—*Trans. Ohio State Hom. Med. Soc.*, 1888.

CUPRUM AND BELLADONNA IN EPILEPSY.—Dr. Sentin cited, in a young person, a case of epilepsy which had existed for ten years, the attacks occurring weekly, accompanied by gastralgia and cramps in the legs. *Cuprum* 3x and *Belladonna* 3x cured completely.—*Revue Homœopathique Belge*, October.

HEPAR SULPHUR. IN GONORRHOEA.—Dr. Simpson cured a case of gonorrhœa with *hepar sulphur.*, the indication being "the discharge after urination of two or three drops of blood."—*Journal of Obstetrics*, November.

KALI SULPHURICUM IN OLD GONORRHOEAS.—Dr. A. S. Fisher thinks this remedy a neglected one in the treatment of old strictureless gonorrhœas characterized by a foul-smelling, yellowish discharge.—*Journal of Obstetrics*, November.

APIS IN VENEREAL DISEASE.—Dr. A. S. Fisher reports the case of a woman who had a large, soft chancre that had been steadily increasing in size in spite of "black wash." There was a pale, doughy swelling of the labia, with sharp, stinging or cutting pains when the sore was touched. *Apis* 3x cured in a week. She has remained well for three years.—*Journal of Obstetrics*, November.

SYMPTOMATIC INDICATIONS OF REMEDIES FOR SUBINVOLUTION OF THE UTERUS.—In a paper read before the American Institute of Homœopathy, Dr. B. F.

Betts, discussing the treatment of subinvolution of the uterus, gives the following indications for the employment of medicines:

Actea Racemosa.—Nervous; restless; unable to sleep; cannot decide the simplest question without questioning her judgment; fears she will lose her mind; pains along the base of the skull to occiput, or pain in the vertex from within outwards, as if the top of the head would be lifted off; tenderness in the uterine region; shooting pain in the ovarian region or going up toward the chest; infra-mammary pains.

Alumina.—Chlorotic women, who have morbid appetites; they go for days without a stool; restless sleep, from which they are awakened by palpitation; copious and albuminous leucorrhœa, excoriating the vulva, worse before and after the menses; the flow leaves them exhausted in mind and body; menstrual flux scanty, quite painful at times, and often pale and watery.

Ammonium Muriaticum.—Uterine hyperplasia; tensive pain in either groin (described as a strained feeling), forcing the patient to bend when walking; fat, bloated, indolent women.

Anantherum Muricatum.—Burning, cramping, gnawing pain in the uterine region, with debility and general prostration; lancinating, distensive pains in the uterus; burning pain in the uterus, extending to the region of the kidneys, with great weakness.

Argentum Metallicum.—Pain in the region of the left ovary (without much sensitiveness of the integument externally); the pain is also felt in the back and extends to the front and downward; prolapsus.

Argentum Nitricum.—Weakness, almost paralysis of the lower limbs, associated with rigidity and pain in the muscles of the legs below the knees; frequent loud eructations; despondency; weak memory in thin, dried-up women, who are impulsive, excitable, nervous, irritable and anxious.

Aurum.—Suicidal tendency; sanguine, light-haired, nervous women, tainted with mercury or syphilis; sensitiveness and burning in the vagina; sterility; menses delayed and scanty; bruised, shooting or drawing pains in the uterus.

Aurum muriaticum natronatum is employed by some in preference to *aurum metallicum* in uterine hyperplasia.

Belladonna.—Acute symptoms predominate; backache, as if broken, or pain through the pelvis; numbness in the legs; soreness or throbbing in the uterus; pain worse when sitting erect or standing, better when bending over or walking; spasmodic, clutching pains in the region of the uterus; bearing down, with profuse menses; pains come suddenly and go suddenly.

Bromine.—Vertigo, made worse by persons passing in a hurry or increased by any passing object, such as running water or a moving vehicle; subinvolution; anxiety, as if in the midst of impending danger; with the vertigo a feeling, as if they would lose their senses all at once; women of light hair, blue eyes and fair skin, and those who suffer from chest and throat affections.

Calcareo Carbonica.—Apprehensive state of the mind; fear of loss of reason or that persons will observe her, and suppose her to be crazy; unable to sleep after 3 A.M.; vertigo on going up-stairs; cold, damp feet at night, or partial sweats on other portions of the body; menses too frequent and profuse; every little exertion or mental emotion causes a return of the flow; fat, flabby and scrofulous patients.

Calcareo Phosphorica.—Slender, narrow-chested or phthisical patients, who have calcareo symptoms.

Calcareo Sulphurica.—Purulent infiltration of para-metric tissues, rather than true abscess-cavities.

Calcareo Iodata.—Calcareo cases complicated by glandular enlargement.

Caulophyllum.—Weak, nervous, languid; desire to remain quiet; aching and dragging in the small of the back; uterus enlarged (after abortions and rapid labors); menses irregular; sanguine, rheumatic women; sensation of fullness in the head; uterus congested, with fullness and tightness in the hypogastric region; or severe spasmodic pains in the womb, followed by leucorrhœa, or a menstrual flow; acrid leucorrhœa, weakening the patient, with drawing pains in the lower extremities.

China.—Weak, delicate women, who perspire easily and are very sensitive to draughts of air; menses too early and profuse; at the menstrual menses complaints of vertigo, ringing noises in the ears, or faintness.

Convallaria Majalis.—Tenderness and soreness in the hypogastric region; aching, in cases of subinvolution of recent origin; continuous soreness, worse from motion, breathing, coughing and laughing (bryonia); bearing-down pains, at intervals, like labor pains in the abdomen and lumbar region; pelvic pains, aggravated from

motion, sitting up straight or leaning back, ameliorated by bending forward when sitting (belladonna opposite).

Iodine.—Nervous irritability and the pathological indications.

Iodide of Arsenic.—Mental prostration; hard, indurated glands; burning pain; acrid discharges.

Iodide of Iron.—Bearing down pain, as if the uterus reached the vulva and was pressed up when the patient seats herself; albuminous vaginal discharge; bloated feeling after eating; mental and muscular weakness; flushing of the face; burning of the cheeks; scrofulous women.

Iodide of Potassium.—Old chronic cases, with a specific history; tendency to metrorrhagia; dysmenorrhœa; copious leucorrhœa; emaciation; prostration; frequent desire to urinate before the menses, relieved after the flow is established.

Kali Carbonicum.—Recent cases, following confinement; fat and anæmic; apprehensive, timid; unable to sleep after 3 A.M.; puffy appearance about the eyelids; lifting or the slightest exertion gives rise to symptoms of over-exertion; stitching, sticking pains; darting pains, worse from rest and lying on the affected side; pain like a weight in the back; stitching pains about the sensitive uterus; labor like pains in the region of the uterus; menses offensive; acrid, too early, too profuse; stomach distended, sensitive; feels as if it would burst, or as if it were full of water; has always had her labor pains in her thighs—to her knees.

Lycopodium.—Subinvolution attended with endometritis; bloating of the abdomen and rumbling of flatus, especially in the left hypochondrium, or often after repeated pregnancies when the sexual function has been abused and there is weakness of memory, confusion of mind or absent-mindedness, with desire for solitude; constipation; hepatic derangement; a feeling of dryness in the vagina; pain in the bladder and back before urination, with a deposit of red sediment upon the bottom of the vessel after the urine has been standing a short time; 4 P.M. aggravation.

Mel cum Sale.—Fundal and cervical hyperplasia; feeling of soreness across the hypogastric region from ilium to ilium.

Magnesia Muristica.—Nervous women; pains down the arms, between the shoulders and down the back; bearing down in the uterine region and spasmodic pains in the uterus (caulophyllum, cimicifuga); menses very dark, with pain in the back when walking, and thighs when sitting.

Phosphorus.—Tall, graceful, fearful, excitable women; sexual appetite strong; menses profuse; weak, empty gone sensation felt through the whole abdomen; sensation of heat between the shoulder-blades; upward stitches from the vagina into the uterus.

Nutrum Muraticum.—Menses dark, scanty; impatient; melancholy, worse at the menstrual period; sallow complexion; dryness of the mouth; dryness or rawness in the vagina; headache in the morning; constipation, pain in the rectum during stool; pelvic tenesmus, with pressure toward the vulva, relieved by sitting down, and disappearing upon lying on the back.

Platina.—Menses dark, thick, profuse, very exhausting; strong sexual appetite; painful sensitiveness and continual pressure in the external generative organs; haughty women, who treat their friends and equals as inferiors; also useful when there is melancholy and tearfulness, with intense sexual excitement.

Secale Cornutum.—Thin, scrawny women, who have had frequent miscarriages or have borne children very fast; sallow face, skin shrivelled, dry and harsh; passive flow of blood from uterus, dark, and sometimes fetid.

Sepia.—Venous pelvic hyperæmia; bearing-down; stitching pains from the uterus up through the abdomen; vagina and vulva very sensitive; constipation, frequent urging to stool; frequent desire to urinate; headache in the left side of the head; left temple worse in the morning, and often associated with vertigo and nausea.

Staphisagria.—Sharp, shooting pains in the pelvis; painful sensitiveness of the sexual organs, especially when sitting; defective memory; indifferent, low-spirited, after masturbation or sexual excesses; sensitive to the least impression; hurt by the least word that seems wrong to them; subinvolution following suppressed indignation or vexation during lying-in period; cross and irritable, even maliciously disposed towards her friends.

Ustilago.—Bright red uterine blood, partly fluid, partly clotted; slight oozing after each examination, from passive congestion; uterine tissues soft, spongy; os patulous.—*Trans. Am. Inst. Hom.*, 1888.

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THE PHYSIOLOGICAL ACTION OF BELLADONNA IN ITS RELATION TO HOMŒOPATHIC THERAPEUTICS.

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(Read before the Homœopathic Medical Society of the State of New York, February 13th, 1889.)

"*Felix qui potuit rerum cognoscere causas,*" wrote the old Roman poet ; and we of to-day have liberally translated it into the vernacular, "Happy is the man who can find a *reason* for the faith that is in him." The homœopathic physician of the present is, thanks to a better education, pulling out of the time-honored ruts made for him by his ancestors, and emerging into the bright light of reason and thought. He no longer follows that will-o'-the-wisp, a symptom, as his sole end and aim, but rather regards it as a sign-post to tell him from whence it came and whither it leadeth. Understand me, I do not underrate the value of symptoms ; on the contrary, I regard them as of inestimable worth, *when properly appreciated*, in selecting the similimum ; but what I *do* mean to say is, that the man who prescribes for a mere symptom without considering its source and cause is a physician whose services in my last hours I would gladly relinquish ! H. C. Wood, Ringer, Bartholow, Brunton, Phillips, Taylor, and the National and U. S. Dispensaries, each devote considerable space to the consideration of the physiological and toxicological action of drugs on man and the lower animals. Wood's *Materia Medica and Toxicology*, and Taylor's *Treatise on Poisons*, are works which should be found in every homœopathic physician's library, serving as a basis for the careful, conscientious study of drugs. But what shall we do when we find these authors disagree ? Take down your

Allen's *Encyclopædia* and compare the authentic provings (*not the visionary imaginings of a Houat*) with what you have learned in the old-school works; correct their errors, fill in the picture until you can see the *reason* for every symptom in our proving stand out as clear as the face on the painter's canvas. The man who accomplishes this is the best symptomatologist in the world, because the symptoms are indelibly fixed in his memory by his knowledge of their cause. In accordance with the views above expressed, I have endeavored in this paper to present a clear idea of the physiological action of belladonna. Where old-school authorities have been at variance, I have carefully compared their statements with our provings, ever bearing in mind the fact that a drug must exert a similar action upon similar tissues, *i.e.*, belladonna cannot *primarily* cause dryness of the upper air passages and over-secretion in the intestinal canal, since both tracts are lined by mucous membranes of almost identical construction.

In studying the physiological action, I shall so far as possible keep out of the realm of symptomatology, entrusting this branch of the subject to the able hands of my confrères upon this bureau; and confine myself strictly to the different physiological systems.

I. *Circulation.*—The primary effect of belladonna upon the heart is to render the pulse slower and fuller, quickly giving place to a more and more rapid pulse, until, in fatal cases, it becomes exceedingly quick, thready, and intermittent. With a decrease in pulse-rate is associated a rise in arterial pressure, followed by a corresponding fall as the pulse becomes more rapid. The drug *paralyzes the terminal filaments and trunk of the vagus*. Upon the cardiac inhibitory centres it acts as a *stimulant* (*i.e.*, reduces the frequency of the pulse); but the vagus soon becomes so paralyzed that it cannot transmit the central stimulus. Now the heart's action becomes more rapid: (1) *from paralysis of cardiac inhibitory nerves*; (2) *from stimulation of cardiac accelerator nerve-centres or nerves (sympathetic nervous system)*. The arterial pressure is first increased, because the drug *is a stimulant to the vaso-motor centres as it is to all other motor centres*; later on the muscular coat of the capillaries becomes paralyzed *by direct action of the poison on the muscular fibre*, and the blood-pressure at once falls. The cardiac muscle at first strengthened, and the vigor of its beat increased now begins to lose its power and confirms the statement of Wood that *in large doses belladonna "acts upon the heart as a direct depressant poison."* Its primary stimulating effect upon the heart, *when given in medicinal doses*, is attested by

the fact of its rescuing many a case from the collapse of cholera, no less than by the vigorous encomiums of Harley, who regards it as one of the most powerful of cardiac tonics; while the tranquilizing effect of a belladonna plaster upon some forms of palpitation is well known.

In close connection with the rise and fall of blood-pressure looms up the scarlatinoid rash, that bugbear of "our friends, the enemy." The question as to whether the drug primarily produces contraction or dilatation of the capillary vessels has been a mooted one among experimenters, one side emphatically affirming, the other as strongly denying. Turning to Allen, we find coldness of body followed by warmth; whole body unnaturally white like that of a statue; in three poisoning cases, "marked pallor of face, quickly followed by the scarlatina-like rash;" and in two instances recently under my observation, I have seen the blush succeed to a death-like pallor. The size of the dose has doubtless caused this discrepancy in results, medicinal doses producing the primary contraction, *poisonous* doses at once paralyzing the capillary muscles. The rash above mentioned is, of course, produced by the capillary turgescence so characteristic of the drug.

The variation in blood-pressure with its accompanying nutritive changes and irritation of the nervous system gives rise to the well-known elevation of temperature which is so constantly found in belladonna poisoning, and which renders the drug so exquisitely homœopathic to so many and varied febrile conditions. This elevation in man amounts to from 1° to 2° F.

II. *Nervous System*.—A direct and special action upon the cerebral cortex is seen in the delirium and illusions which are pictured by another member of this bureau. Upon the motor nerves, atropine, in small doses, produces but little effect, but when given in large quantities it destroys *their excitability*, paralyzing both the nerve-trunk and its intra-muscular endings. It also depresses the sensory nerves, but to a much less degree than the motor; thus in one case of poisoning, ending in recovery, there was almost total anæsthesia of the whole skin lasting for several days. Much more commonly there is simple numbness, preceded, if the dose be not too large, by hyperæsthesia. "Upon the spinal cord it acts as a powerful stimulant; hence the violent convulsions which are sometimes seen in belladonna poisoning. Usually this effect is more or less completely masked by paralysis of the motor nerves." (U. S. Dispensatory.) Thus it first abolishes reflex activity; then, as the stimulation of the

spinal motor cells gains the ascendancy, tetanus ensues. This is doubtless the explanation of a seeming paradox.

III. *Voluntary or Striated Muscles.*—Upon the muscular fibre itself, atropia has no effect. The staggering gait, incoördination of movement and paralysis of sphincters are due to its paralyzing influence upon the muscular *motor-nerve endings and trunk*, and to the *anæsthesia*.

IV. *Involuntary or Non-striated Muscles.*—A careful study of our provings in comparison with toxicological records will, I think, convince any fair-minded investigator that upon all non-striated muscular fibre, atropia acts *first as a stimulant, causing contraction; secondly, as a depressant, inducing paralysis*. We have already seen this exemplified in the capillary system; and we also read that “early in atropia poisoning, *there is forcible expulsion of the urine* and perhaps erections of the penis, *followed almost always by retention of urine*.” (Bartholow.) “On all non-striated muscle atropine exerts a very powerful influence, and it is probable . . . that, whilst in poisonous amount it lessens and finally paralyzes intestinal movements by a direct action upon the muscular coats, in small doses it increases peristalsis by paralyzing the inhibitory nerves, which control this intestinal function.” (U. S. Dispensatory.) This is in strict accord with the experience of our best clinicians, who warn their students not to give too strong a dose of belladonna for the cure of constipation. The same lesson is taught by the behavior of the stomach, the smallest poisonous dose producing nausea with vomiting; while in the worst cases of poisoning, it is almost impossible to induce emesis, owing to paralysis of the muscular walls of the stomach. I am aware that Bartholow claims this nausea and vomiting to be cerebral; but, inasmuch as Phillips has shown belladonna to be an “acro-narcotic,” producing diarrhœa as well as vomiting (a fact in strict accord with our provings), we shall be safe in discrediting his statement.

V. *Respiratory System.*—“*Atropine in medicinal doses is the most powerful persistent stimulant to the respiratory system known*” (Wood), far surpassing the more commonly-used ammonia and strychnia. The asphyxia of belladonna poisoning “is certainly, in a large measure, due to the paralysis of the nerve-trunks, which the poison produces, although it is also probable that the first period of excitation of the respiratory centres is followed by one of depression.” (U. S. Dispensatory.)

Glandular System and Secretions.—We are constantly reminded of

the power of atropia to arrest ptyalism and night-sweats, an action due to its paralyzing the peripheral nerve-endings which control the secretion ; but this is its secondary action. Our provings with carefully increased medicinal doses, as well as experiments conducted by reliable old-school observers, demonstrate that *preceding* this is a *transient* primary action producing both ptyalism and perspiration. Says Harley, "The general effects of belladonna upon the circulation predispose to sweating." Thus is found a confirmation of the astute observation of Baehr: "When there is doubt whether aconite or belladonna should be given, I have always found a *disposition to perspire* (italics mine) constitutes a valuable indication for belladonna." In like manner, we have long used atropia to dilate the pupil, but its *transient* primary effect in *small doses* is contraction. Upon the sebaceous glands, its action is similar, but not so marked. Small doses increase the urine ; often doubles the quantity, according to Harley ; very large doses, on the contrary, rapidly decrease and finally suppress it. This change is directly dependent upon the rise and fall of blood-pressure, corresponding to its primary and secondary action. "Medicinal doses decidedly increase the solids ; slightly the urea and uric acid ; and very markedly the phosphates and sulphates." (Bartholow.) In its action on all the mucous membranes, *more particularly on throat*, it causes, (1) *dryness*, quickly followed by (2) increased secretion, corresponding to the rise and fall in the blood-pressure.

Elimination.—This occurs almost exclusively through the urine ; and it is probably the local action of atropia on the muscular fibre of the bladder which renders the drug, *when given in tangible doses*, so efficient in incontinence of urine. Its primary action may be utilized by the homœopathist in another phase of the same trouble.

Post-mortem Appearance.—Congestion of the lungs, often with ecchymosis ; same condition of membranes and even substance of the brain and cord ; *congestion of the retina a constant symptom*.

Belladonna, in common with all other drugs which act through the nervous system, is a good illustration of the opposite effects of small and large doses, the former stimulating, the latter paralyzing it. It is also a good illustration of the accuracy of *similia similibus curantur*. The transient contraction of the capillary system, followed by prolonged dilatation, full bounding pulse, increased respiratory movements and elevation of temperature furnish a most life-like picture of the acute inflammatory diseases in which belladonna, in our hands, has been an all-sufficient sheet-anchor. Its primary and

secondary effects follow so closely upon one another as to constitute inseparable parts of one grand whole, and places its main sphere of usefulness in acute rather than in chronic disease. Studying its physiological action as laid down above, we can readily perceive the reason for every symptom which guides us to its successful use at the bedside. Congestion, with perversion of nerve-force, sums up its action in a nutshell, and explains the wild delirium with perversion of all the special senses, as well as the pain, incoördination of movement and paralytic symptoms. The *raison d'être* of our old reliable "key-note," "pains come suddenly and leave suddenly," is no longer mysterious, when we reflect that vaso-motor stimulation and paralysis of the muscular coats of the arteries are striving for the mastery in the inflamed tissues. The alternation of blood-pressure is characteristically rapid, and hence the pressure upon the irritable nerves of the part is *suddenly* augmented and *suddenly* decreased. "Backache, worse lying down," ceases to be paradoxical, when we know that the spinal cord and its membranes are congested. Thus, did time permit, could we point out the origin of every symptom which we value so highly as unerring "key-notes." But, inasmuch as I have already far exceeded the limit originally mapped out for this paper, allow me, in closing, to earnestly express the hope that the good work inaugurated by the chairman of this bureau may be continued, until all the "polychrests" have received as thorough and exhausting analysis as has belladonna.

HÆMATEMESIS.

Gastrorrhagia.

BY EDUARDO FORNIAS, M.D., PHILADELPHIA.

IN my consideration of this affection I shall treat both of the vomiting of blood and of its discharge by the bowels.

In no other kind of hæmorrhage does the blood suffer so many changes as in hæmatemesis, due undoubtedly to its admixture with the contents of the stomach and bowels. The blood may be voided as a green fluid, in cases of great gastric irritation; it may be partially digested, constituting what is termed coffee-grounds (an alarming symptom of yellow fever); it may be mixed with food; or it may be fresh and bright when ejected immediately after its effusion; but

by the action of the gastric juice it usually becomes deepened in color, coagulated and devoid of the bright, frothy appearance of pulmonary blood, which is said to be dependent upon the admixture of air; and, finally, as it passes into the duodenum and extends along the small and large intestines, it assumes darker and darker shades, until it is at last ejected by the rectum in the shape of a liquid tarry stool (*melæna*).

Among its causes I may mention ulceration and cancerous disease of the stomach; rupture of a bloodvessel in connection with cirrhosis of the liver; a congested or obstructed state of the portal circulation; certain lesions, such as aneurism, tumors and thrombosis; a vitiated state of the blood, as in yellow fever, purpura and typhus; in the circulation dependent upon disease; obstruction of the heart and lungs; chronic diseases of the spleen; arrest of hæmorrhoidal flow; vicarious menstruation; hysterical disorders, etc.

Vomiting of blood is not always an alarming symptom. We find that the patient usually recovers, slowly but surely, the crisis being often announced by the discharge of altered blood from the bowels. Sometimes the effusion is so scanty as to be hardly noticeable. At other times several pints are ejected at once, and if a large vessel has been ruptured or divided, the first hæmorrhage may cause fatal syncope. Occasionally, no blood at all is vomited, and we become aware of the existence of hæmorrhage into the stomach only by the pitchy evacuation from the bowels.

The symptoms of hæmatemesis may be conveniently divided into three groups, namely: Those *preceding*, those *attending* and those *following* the trouble.

The *preceding* symptoms are principally a sense of sickness and faintness, followed by weight at the scrobiculus cordis, the countenance becomes pallid, the pulse compressible and failing, and the extremities cold.

The *attending* symptoms are those present while the vomiting is going on, or those appearing immediately after, such as anxiety, nausea, faintness, blanched features and unquenchable thirst. These usually persist until the bleeding has been checked and the bowels eject some altered blood. Abdominal pulsation, nervous trembling, heat in epigastrium and convulsion are occasional concomitants. Sometimes actual syncope takes place, in which case it causes a temporary cessation of the hæmorrhage.

The *subsequent* symptoms are those of anæmia, caused by the repeated losses of blood. This condition comprises severe headache,

buzzing in the ears, disturbed vision, dilated pupils, cardiac murmurs, palpitation, or irregular action of the heart, with a sharp but compressible pulse. The patient, in some severe cases, appears as if almost drained of blood. When another paroxysm takes place, these symptoms become blended with those of the first and second group. Ophthalmoscopic investigation has revealed the existence of amaurosis, pallor of the optic papillæ and attenuation of the retinal arteries. Dropsy, like anæmia, is often an unavoidable result of hæmatemesia.

In concealed hæmorrhage, in addition to some of the above symptoms, there may be present colicky pains, and always tarry stools.

Of course, the origin of the trouble necessarily modifies the symptoms. For instance, in vicarious menstruation, we may have very slight phenomena, such as absence of the proper menstrual flow, pain in the side and periodical vomiting of blood; not unfrequently hysteria, neuralgic pains and leucorrhœa; but there is neither the constitutional disturbance nor the blanched countenance we find in hæmorrhages from other causes.

In ulceration of the stomach, or cancerous disease, the peculiar symptoms of these affections are present. In aneurism, a pulsating tumor may sometimes be felt, and severe local pain, or pain in the course of the spinal nerves, may be experienced. In portal congestion, the signs are those of engorged liver, as shown by pain in the right side, dyspepsia, a sallow or semi-jaundiced complexion, furred tongue, occasional nausea or vomiting, impaired appetite, spasmodic pain at the stomach, or in the region of the colon, constipation, disturbed sleep and headache; enlargement of the liver and hæmorrhoids are also frequently present.

In purpura hæmorrhagica, the blanched countenance, faintness, pyrexia, general pains (especially in the epigastrium, loins, chest and limbs), debility, depression, anæmia, tendency to syncope, etc., are usual concomitants.

In the diagnosis of hæmatemesia we should remember that bleeding from other sources has been erroneously regarded as of gastric origin. The blood may proceed from the mouth, throat and œsophagus, or from the nose, larynx and lungs; often it is swallowed and afterwards vomited, or discharged by the bowels; it may even enter the stomach from the duodenum, in cases of ulceration.

For the purpose of deceit, patients sometimes swallow substances which impart to the egesta a color more or less resembling that of altered blood. Red wine and cranberries may produce such an

effect. A careful inspection, however, will reveal the fraud, but if a doubt should exist, we can recur to the microscope and test for hæmin crystals, which will at once determine whether there is any blood present or not.

Treating our cases symptomatically, the clinical history is not of such prime importance to us; still, we should never come to a conclusion without a thorough investigation.

Books give us tables indicating the differential diagnosis between hæmoptysis and hæmatemesis, but their value is by no means absolute, as evinced by the following examples: When blood effused into the stomach is ejected at once, the color is bright red and alkaline in its reaction, instead of dark and acid; while pulmonary blood which is swallowed and then vomited, or is retained for some time in a vomica, or dilated bronchus, loses its frothy appearance and florid color. We must also bear in mind that coughing and vomiting of blood are often associated with each other.

In regard to the prognosis, it may be stated that there are cases on record in which the patients have died from simple hæmatemesis; but this is a very rare result. As a rule, even those who appear to be almost bloodless, steadily recover. A fatal termination is usually due to extensive ulcerations, which, invading the large muscular trunks, may prove a source of profuse and persisting bleeding.

The accessory treatment of hæmatemesis consists in the administration of cold drinks, which are not only grateful to the patient, but beneficial in producing contraction of the bleeding vessels, but food should be abstained from, because coagula may be removed by it from divided vessels, and hæmorrhage be again produced. Perfect rest is imperatively demanded. After a short time, cold milk or fluid demulcents may be given, and when we are convinced of the cessation of the hæmorrhage, solid food, of easy digestion, may be allowed in small quantities. It is exceedingly important that the patient should avoid those habits or excesses which have led to the disease, but advice on the subject is generally disregarded. In vicarious bleeding, the hip-bath, change of air, exercise, and the avoidance of all tight lacing or unnatural excitement are valuable means. Some authorities recommend exclusive milk diet for some days, supplemented by rectal injection of defibrinated blood.

As in hæmoptysis, if the bleeding is profuse, the patient becomes very much excited, and, in such cases, it is our duty to use all means to quiet the apprehensions of surrounding friends, who are often the promoters of the patient's alarm.

INTERNAL TREATMENT.

ACONITE is the remedy of plethoric, robust individuals (*verat. v.*); or of thin, wiry persons, with active, nervous-bilious temperaments, especially if the attack starts with stomach nausea, gagging, retching and gasping; cold sweat on the forehead (*cina., verat. alb.*); sudden excruciating pain and abdominal throbbing (*puls.*), indicating congestion of the mucous lining of the stomach; or, if the vomiting of blood is attended with anxiety, vascular excitement, full, bounding pulse, heat, thirst (*ars.*), profuse sweat, cold extremities, and increased micturition. After repeated vomiting, sensation of a cold stone in stomach; also, for hæmatemesis of new-born infants.

ALOE is one of the remedies recommended by Lilienthal. It has abdominal plethora (*sulph.*), nausea, vomiting of blood, pain and pulsation in the region of the navel and brownish, jelly-like, bloody stools. The study of its pathogenesis suggests its applicability to sudden, transitory attacks, ending with the escape of bloody, or jelly-like mucus from the bowels and much sputtering flatus. Hepatic complications.

ALUMINA.—Nausea, with chilliness; pale face; desire to lie down; faintness; vomiting of mucus; constant thirst; constriction and twisting in the stomach; stitches in the liver, shooting in the spleen, and passage of clotted blood from the otherwise inactive bowels, must have been the symptoms that ever led to its employment in hæmatemesis. An excitable (*nux v.*) or mild disposition (*puls.*), with a spare habit and lack of animal heat (*sep., lil.*), might have been additional indications.

AMM. CARB. may prove beneficial in individuals suffering from splenic affections, if there should be a bloody taste in the mouth (*zinc.*), with nausea, pressure, trembling and heat in the stomach (*arg. nit.*), the latter spreading through the bowels; especially if the attack is preceded by cholera-like symptoms; or if the bleeding occurs from the bowels before or after stool.

ARGENT. NIT.—Its employment in yellow fever suggests this drug in hæmatemesis. It is undoubtedly the remedy if a deathly nausea (*ipéc.*) with headache does not abate after vomiting, and especially if the vomiting of partially digested blood tinges the bedding black; nausea, anxiety and burning, trembling, throbbing and ulcerative pain in the stomach, as well as brown or bloody stools, are all symptoms indicative of this drug. Its applicability becomes more patent if the bleeding is due to ulceration of the stomach, or to affections of the liver, with œdema of the legs (*ars.*).

ARNICA is the remedy when the trouble arises from any external violence, such as a blow or fall upon the region of the stomach, especially if there are pressive, cutting pains in the epigastrium, with nausea, retching, vomiting of dark-red coagula, bitter taste, bloody stools and general soreness (*ham.*); or, if after a blow on the epigastrium, the patient becomes obstinately constipated. Suitable to those who remain long impressed by even slight mechanical injuries.

ARSENIC is one of our principal remedies for hæmatemesis, particularly if the patient complains of a burning distress in the region of the stomach, unquenchable thirst, increased pulsation in the pit of the stomach (*arg. nit.*, *calc. ost.*, *carbo v.*, *puls.*), together with intense attacks of anxiety (*acon.*), trembling of the lower extremities, violent chilliness, not relieved even by being in front of a fire, debility and simultaneous black stools (*bell.*, *ham.*, *ipec.*, *nux v.*). It may likewise be indicated at the outset if the blood is dark and almost black (*ham.*, *puls.*), and a similar substance is discharged from the bowels (*ham.*); or voided as a green-grass substance and, lastly, blood; attended, also, with great anguish, extreme debility and coldness of the body. The trouble may be due to gastric, hepatic, or splenic, or to cancerous disease.

BELLADONNA is indicated if congestive symptoms are present, such as ringing in the ears (*china*), red cheeks and strong pulsations in forehead (*ferr.*), especially if in addition there should be a feeling of fulness, warmth and even burning in the stomach (*ars.*), with thirst and desire for lemonade (*sec.*), which proves beneficial; or if the nausea starts at the very stomach (*ipec.*), is preceded by violent hic-cough, painless throbbing, beating at the pit of the stomach, and followed, not only by vomiting of red blood, but of bile and mucus. When the pain in the stomach and abdomen, of whatever nature it might be, comes on suddenly and, after a short or long duration, ceases also suddenly. In young, plethoric individuals (*acon.*, *nux v.*) when pulse and heat run high. Congestions; delirium; threatened convulsions.

BRYONIA is undoubtedly both a "vicarious" and a congestive remedy. A general state of vascular erethism or congestion, attended by nausea, vomiting of bright red blood and followed by a dry, fatiguing cough and an insatiable thirst for large quantities of cold water (*podo.*), with dry mouth (*ars.*) and white furred tongue (*ant. crud.*), are its leading indications. It is especially suitable if the nausea or vomiting is < on assuming an erect position, or increased, or brought on by the slightest motion. Soreness in the pit of the

stomach when coughing; burning and stitches in the hepatic region; a flat, sweetish taste (*merc.*) and constipation, are additional indications; if violence and anger are at the root of the trouble.

CACTUS is not only a cardiac but also a stomach remedy. Among its symptoms we notice continuous nausea, copious vomiting of blood; burning, pulsating and constrictive sensations in the stomach; paleness of the face; cold sweat; icy coldness of the hands; cold back; engorged liver; palpitations, etc. The black, pitch-like color of its menstrual blood suggests further its usefulness in other hæmorrhages of that nature, to which I would add periodicity as a characteristic; and if the trouble was due to obstructive disturbances of the heart and lungs, we would then have the complement for its perfect indication.

CALC. OST. is one of the few remedies recommended by Bæhr. He employed it after arsenic in a case in which the throbbing and burning distress in the pit of the stomach continued unchanged for a fortnight, leading him to suspect the existence of an aneurism of the aorta descendens, but which was finally cured by carbo veg. It is undoubtedly the remedy of young people inclined to obesity, who, after vomiting much blood, black or red, complain of a fixed weight in the stomach, with great anguish, thirst, burning up to throat, qualmishness, vertigo, shuddering, cold, pale face; especially if the stomach is swollen; very sensitive to pressure and the abdomen very cold.

CANTHARIS.—When the bleeding is due to ulceration and erosion of the gastric mucosa and we find the patient in stupor, with occasional twitches of the hands, or with cold extremities, bathed in cold sweat, very pale face, prostration, faintness and other symptoms of collapse. The vomiting may be of pure blood, or of greenish substances (*ars.*), accompanied by nausea, thirst and violent burning pains in the stomach and pyloric region (*ars.*), which compels the patient to toss about as if in despair. Colic, convulsions, tendency to syncope and albuminous urine are additional indications.

CARBO VEG. is one of our complementary remedies. It is principally indicated when the bleeding has drained the system of the vital fluid (*china*) and left the patient in a complete state of collapse; lies as if dead, with an almost imperceptible pulse; blanched, sunken features; icy-cold surfaces, cold sweat and even cold breath; or, when after repeated losses of blood, there remain fainting spells (*puls.*), vertigo, great deal of burning in the stomach (*ars.*) and very low vital powers.

CAUSTICUM.—When the vomiting of blood occurs at night, it is of a very dark color and accompanied by a pinching, clawing in the pit of the stomach on deep breathing, and by weakness and trembling, especially in rheumatic and arthritic patients, with dark hair and rigid fibre.

CHINA.—In this, as in other kinds of hæmorrhages, china is rather a late remedy. It comes into play when the more threatening symptoms have abated and the repeated losses of blood have left the patient in an excessively weakened condition, with pale, hippocratic face (*ars.*), cold hands and feet, and the stomach very sensitive to touch, especially if the visible perceptible throbbing in the pit of the stomach (*puls.*, *sep.*), the nausea and eructations clearly point to a renewed attack. Also when the attack ends with a discharge of black (*ars.*) or chocolate-colored substance from the bowels (*laches.*) and the subsequent weakness is great.

CICUTA VIR. is the remedy if the bleeding should occur in the aged (*opi.*, *coni.*, *hyos.*). I gave it once, with good results, to an old gentleman who, after a copious hæmorrhage, was very thirsty but could not swallow any water; his face was deathly pale, cold and so distorted that it presented a ridiculous appearance; the heat in the stomach and throbbing at its pit were marked, the latter amounting, at times, to sudden, deep shocks, which caused a spasmodic bending of the body backwards. In view of all these symptoms I could not have made a better selection.

COLOCYNTH may prove useful as an intercurrent remedy, especially in concealed hæmorrhages, where colicky pains are frequently present; or, if there should be nausea arising from the stomach (*acon.*, *bell.*), with burning, emptiness, or violent cutting pains, converging at the pit of the stomach.

CONIUM MAC. is, like cicuta and opium, a remedy of old age. The rotatory vertigo when turning in bed, looking around, or when walking; the pale face; the burning eructation; the nausea; the violent, sour vomiting either of black masses, like coffee-grounds (*arg. nit.*) in clear water, or chocolate-colored masses; the sense of fulness and repletion in the stomach, and the pressure and raw, sore feeling at its pit, are all symptoms indicative of this drug.

CROTALUS.—The pathogenesis of this venom suggests its employment in hæmatemesis, especially if due to some low condition of the blood. Its marked effect upon the blood-life is clearly exhibited in the altered state of the ejected fluids. These may be composed of grass-green foetid masses, or liquid black blood (the power of coagu-

lation being totally destroyed). Add to this the nausea, malaise, anxiety, deathly sickness, jaundiced complexion; drawn, blanched features; cold sweat, great prostration, faintness; slow, compressible, weak, failing pulse; insatiable thirst; weight, soreness and tenderness in the stomach and, finally, the irritability of this organ, that becomes unable to retain anything, and we will find enough elements of disorder indicative of the rattlesnake poison. *Melæna*, jaundice, albuminuria, petechia and ecchymoses are also conditions calling for *crotalus*.

CUPRUM MET. is a neglected remedy, as a perusal of its pathogenesis will clearly show. It has frequent nausea and vomiting of blood, with cramps and without them, especially during the catamenia. Also, hiccough, constant eructations and rumbling in the stomach, the hiccough often preceding the vomiting (*bell.*); great thirst for cooling drinks; deathly feeling in the stomach, with pain behind the ensiform cartilage; pressure in the stomach and at its pit, with nausea; vertigo, < from motion, > lying down; blanched, sunken, pinched, ice-cold features; nervous trembling, convulsions and great prostration.

ERECTHITES and **ERIGERON**.—Both have been recommended by Hale for hæmorrhage from all the outlets of the body, active or passive. *Erecthites* is said to produce burning in the stomach, with cramps, nausea and vomiting. Burt gives for *erigeron* violent retching and burning in the stomach, with vomiting of blood, pallor and weakness; but neither the one nor the other have been thoroughly proven. The same may be said of *eryngium aquaticum*, with which, Dr. Cushing says, he has cured a case of hæmatemesis following a blow upon the epigastrium.

FERRUM MET. is the remedy of anæmic patients subject to ebullitions, especially if nausea precedes the vomiting of light, lumpy blood, and this is accompanied by severe pulsating, hammering headache, vertigo, buzzing in the ears (*china*) and pale, earthy face, flushing easily; throbbing, heat and burning in the stomach, with momentary cramp-like pain in the splenic region; heavy pressure at the stomach-pit; uneasiness at the splenic end of the stomach and unquenchable thirst are additional indications.

HAMAMELIS is indicated when the vomiting of black blood (*puls.*) is attended by a great deal of nausea, soreness in the region of the stomach and vertigo, especially if the patient is compelled to lie still to prevent vomiting. Or, if before the vomiting there is violent throbbing in the stomach (*ars.*, *arg. nit.*, *calo.*, *carbo v.*, *puls.*) and

afterward fulness and gurgling in the abdomen, followed by large, tarry stools (*ars.*, *ipéc.*). Spells of feverishness, weakness, coldness, quick pulse, profuse sweat and general sore feeling (*arn.*) are also symptoms of this drug. Purpura hæmorrhagica is complementary to ferrum in hæmorrhages.

HYOSCYAMUS.—Hæmatemesis in drunkards (*nux v.*), with much hicough and bitter eructations, especially if the vomiting consists of dark-red blood (not light, as in other hæmorrhages), or bloody mucus, and is attended by nausea, vertigo, retching, colic, or convulsions, leaving always much tenderness in the pit of the stomach; hepatic complications; vicarious in place of menses (*bryo.*, *laches.*, *phos.*).

IPECACUANHA.—No remedy can rival this in hæmatemesis. It meets principally the preceding and accompanying symptoms, seldom the remaining anæmia. The constant nausea, fainting (*calc.*, *carbo v.*, *coni.*, *laches.*), sick feeling, violent distress in the pit of the stomach, throbbing and vomiting are characteristic; and if the nature and color of the ejected matters through mouth and bowels correspond, its indication becomes more patent. The vomiting consists either of bright-red blood, or of a pitch-like substance, with intense nausea, thirst, sweat, cold fingers; quick, small pulse; feeble, slow respiration; blueness of the mouth; anxious expression (*acon.*) and deathly paleness of the face; the stools are bloody or tarry, like frothy molasses, often followed by tenesmus (*merc.*) and debility (*ars.*, *china*). Even when the cause is mechanical, if the nausea is persistent, it will not give its place to arnica.

KALI BICH. is the remedy when there is vertigo, nausea, inclination to vomit, uneasiness, pressure and burning in the stomach, and the patient finally vomits mucus and blood, or blood alone, especially with cold sweat on hands and hot face, and if there is a longing for acid drinks (*bell.* for lemonade), with increased thirst; when the trouble is due to ulceration of the stomach.

LACHESIS.—Hæmatemesis due to cancer of the stomach or liver-trouble, with nausea, vertigo, cold sweat, trembling, fainting (*calc.*, *ipéc.*), pale face, insatiable thirst; much painful sensitiveness to touch in the pit of the stomach; acute pain in the liver, extending to the stomach, especially if the blood is ejected through the bowels in a decomposed state, looking like charred straw; vicarious (*hyos.*, *phos.*). Periodical attacks every spring.

LOBELIA INFLATA.—I have to mention this remedy in connection with a case in which there was a morning sickness, persistent and violent, where *ipéc.* was given without good results. The lady was

not pregnant, and all her symptoms referred to the stomach. She complained of a great deal of heat, throbbing and a feeling of weight, as from a lump in the stomach, with unbearable nausea. The attack lasted about an hour for three mornings, and always ended with a gurgling noise in the bowels, followed by a profuse stool, composed of thick, black blood. I gave her lobelia and the sickness and bloody stool never returned. China completed the cure.

LYCOPodium may prove a useful remedy if the trouble is due to a perforating ulcer of the stomach, or to hepatic disease, especially if the nausea is followed by vomiting of coagulated blood, or of dark-green masses and attended by a gnawing, griping pain in the stomach, and great sensitiveness at the pit; or by a tensive, sore aching in the region of the liver, < on bending the body, or pressure of the hand; also, if the arrest of the menses is incidental to the climacteric period (*bell.*).

MERCURIUS should not be forgotten if the nausea is attended by vertigo, heat, headache and, instead of vomiting, the blood passes through the bowels in a pitch-like state (*ipéc., ham., nux, zinc*), with some tenesmus, especially if the stool is preceded by anxiety (*ars.*), trembling, faintness (*calc., ipéc., laches., opi., nux*) and a burning pressure in the stomach, and violent thirst; hepatic complication. We must also bear in mind that merc. cor. has vomiting of bitter green substances (*canth., coloc.*) of blood and coffee-grounds-like substances (*coni., sec.*).

MILLEFOLIUM is given as a remedy for active hæmorrhages of florid blood from all sources, especially when due to congestion, atony, or violent exertions. Outside of burning, fulness of the stomach and some gastric and abdominal pains, little or nothing can be said to enhance the value of this drug.

NATRUM MUR. is one of the remedies recommended by Hartmann. In school-girls, with headache, delayed menses, sadness, palpitations, hysterical debility, chilliness, faintishness, debilitating sweats (*china*) and unquenchable thirst (*ars., bryo., canth.*), this remedy should not be neglected. It may do well, also, in patients who suffered from ague and have abused quinine (*ars.*); living in damp districts, or near newly turned ground, especially if constipation, a sallow complexion and stitches and tension in the liver (*nux*) point to an involvement of this organ. It has also nausea, qualmishness, burning and throbbing in the pit of the stomach, as well as passage of clotted blood with the stool; splenic complication.

NUX VOMICA is a capital remedy in portal congestion (*aloes*), or

when the liver is otherwise at fault, as shown by the stitching pain in the right side, dyspepsia, a semi-jaundiced complexion, furred tongue, occasional nausea and vomiting, impaired appetite, spasmodic pain in the stomach, constipation, disturbed sleep, headache and hæmorrhoids. It is especially indicated if the vomiting of blood is of a bright red color, not very copious, and attended by vascular excitement (*acon.*, *bryo.*, *verat. v.*) and severe retching, and better indicated still if it occurs after a suppressed hæmorrhoidal flow. In debauchers who are irritable and thin; *nux vomica* has also vomiting of black substances; nausea, with fainting, vertigo, burning, weight and throbbing in the stomach and passage of a pitch-like blood (*ipéc.*) from the bowels.

OPIUM forms a valuable group with *ars.*, *hyos.* and *nux v.* for hæmatemesis in drunkards. If my patient is an old man, addicted to spirituous drinks, and after repeated vomiting of green fluid (*ars.*, *canth.*, *coloc.*, *petrol.*), thick, bloody masses, or frothy viscid blood (*arn.*, *rhus.*), I find him in a dull, stupid condition, as if drunk; with red, hot face; suffering from a sort of anxiety when rising, with heaviness and pressure in the stomach, faintish, great thirst and cold limbs, I would give him opium at once. It may also prove to be the remedy if the vomiting is attended by violent colic and convulsions.

PETROLEUM may become a useful remedy in cases of great gastric irritation (*ars.*) if the blood is voided as a green fluid (*canth.*, *coloc.*, *opi.*), with violent pains in the stomach, tearing at the pit, nausea and sweat; drinks water all the time (*ars.*); in painters when the blood is light red.

PHOSPHORUS is a useful remedy when the vomiting of blood follows the suppression of the menses (*lach.*, *hyos.*, *puls.*), and it occurs in tall, slender subjects, disposed to stoop (*sulph.*, stoop-shouldered persons), or in girls who grow too rapidly (*phos. ac.*), especially if there is constant nausea and the blood is voided in a partially digested condition, constituting what is termed coffee-grounds (*coni.*, *sec.*) or as an ink-like fluid, with oppression and burning in the stomach or gurgling and stitching at the pit, always longing for something refreshing and greatly relieved after drinking cold water. Melæna when due to obstructive trouble of the heart or lungs, with pale, ashy face and palpitation, or to hepatic disease, with cramps radiating from the stomach to the liver. In yellow fever, typhus or other troubles in which the blood is qualitatively altered (*crotal.*).

PHYTOLACCA.—In the pathogenesis of this remedy we find: Pale,

hippocratic face; cold sweat on the forehead (*verat. a.*); vertigo when rising from bed; feels faint; staggering, with dim vision; great thirst; nausea; violent vomiting every few minutes of clotted blood and slime, with retching, intense pain and desire for death to relieve him; heat in the stomach; bruised and sore feeling at the pit; bloody stools, coldness and faintness; all symptoms that may be present in hæmatemesis.

PLUMBUM may find a place in the treatment of hæmatemesis, when the trouble is attended by violent colic and convulsions; great thirst; blanched features, like a corpse (*verat. alb.*), especially if the vomiting consists of greenish and blackish substances and after the attack there remain stupor (*opi.*) and weakness (*china*). Periodicity; the attack develops slowly and intermits for a time.

PODOPHYLLUM is indicated when the trouble occurs in persons suffering from torpidity of the liver, or jaundice, with hyperæmia of liver; heat, fulness, soreness and pain, extending to stomach. The vomiting is composed of thick bile and blood and is attended by excessive nausea (*ipéc.*) and retching, especially if during the retching the stomach contracts violently.

PULSATILLA is one of our best remedies. It is particularly indicated when the vomiting of blood is due to a cold or to suppression of the menses (*hyos.*, *lach.*, *phos.*) and attended by nausea, eructations, paleness of the face, chilliness, anguish, fainting spells (*carbo v.*) and pressure or perceptible pulsation in the pit of the stomach (*china*, *sep.*). The blood is dark and easily coagulating (*ferr.*). The mental symptoms and temperament of the patient furnish valuable indications.

RHUS TOX. has no definite hæmatemesis, but I think that if this trouble is due to over-exertion, such as blowing wind instruments, or lifting heavy weights, and is attended by pressure, stinging or violent throbbing in the pit of the stomach (*ars.*, *calc. o.*, *carb. v.*, *china*, *puls.*) and the blood vomited is of a bright red color (*ars.* has vomiting of dark red coagula), then it may prove an appropriate remedy.

SECALE is indicated if the vomiting is composed of large quantities of dark-brown slime, bile and shreds (*canth.*), indicating decomposition of the contents of the stomach, either when the patient remains in a state of collapse (*carbo v.*) or great weakness, complaining of nothing, with soft abdomen, pinched, pale face, general cold, clammy sweat and a thread-like pulse (*carbo v.*); or if his face carries an expression of anxiety, with pain, pressure or burning at the pit of

the stomach; unquenchable thirst; desire for lemonade (*bell*) and the vomiting is attended by painful retching and strong pulsation in the umbilical region. Gangrene of the stomach and liver.

STANNUM.—Hæmatemesis worse when lying, better from pressure on the stomach. A slight touch causes a feeling of subcutaneous ulceration (*puls*); sickly expression; sinking, "gone" feeling in epigastrium; uneasiness; complementary to *puls*.

STRAMONIUM.—Hæmatemesis with convulsions or with inflammation, burning and anxiety in the stomach; nausea and vomiting of dark-green masses (*lycop.*) mixed with food; violent thirst; faintness (*laches.*, *nux v.*, *puls.*, *sulph.*). Melæna; coagulated blood passes from the anus.

SULPHUR is a capital remedy when the trouble has its origin in portal congestion (*aloës*, *nux v.*) with engorged liver; tensive, burning, drawing, stitching pains in the right side; pale, sickly-looking face; furred tongue A.M., wearing off during the day; impaired appetite; nausea and vomiting of blood; weight and spasmodic pain in the stomach; constipation and hæmorrhoids; headache; constant heat on the top of the head; burning of the soles of the feet; general restlessness and other symptoms indicating its great influence upon the portal system. Jahr gives also: Vomiting of blood and of a blackish, tasteless fluid, with faintness (*puls.*) at the appearance of the menses.

VERAT. ALB.—Hæmatemesis with continuous nausea, fainting, anguish in the pit of the stomach, violent thirst (*ars.*, *bry.*, *cup.*, *sec.*), vertigo, pale face, blueness of the skin; profuse, cold sweat; slow pulse, fainting fits (*carbo v.*, *puls.*) and great prostration; collapse (*ars.*, *canth.*, *carbo v.*, *sec.*). The vomiting may consist of a thin, blackish substance, or of bile and black blood. The nausea returns on moving or rising. If colic, cramps and purging occur simultaneously with the vomiting, it is better indicated still. Even later, when painless discharges of clotted blood from the bowels take place and they are accompanied by a sinking feeling, it may prove a useful remedy. Gastric, hepatic and splenic complications.

VERAT. VIR.—In inflammation of the stomach, with high fever, great vascular excitement (*acon.*, *bryo.*, *nux v.*) and intense drawing, twisting pains, which culminate every five minutes in severe vomiting of blood or end with the passage of black or bloody stools. In full-blooded, plethoric subjects (*acon.*).

ZINCUM.—Vomiting of blood or of sanguineous mucus (*hyos.*) ejected with much effort, preceded by nausea, retching and a general

tremulous feeling. It has also pain, pressure and frequent cramp-feeling in the pit of the stomach, as well as spasmodic pain in the region of the liver; pitch-like stools (*ipec.*) and bloody taste.

AFTER PAINS—SOME INDICATIONS FOR REMEDIES NOT GENERALLY USED.

BY WALLACE McGEORGE, M.D., WOODBURY, N. J.

(Read before the New Jersey State Homœopathic Medical Society, May 4th, 1886.)

IN the following paper it is not my intention to dwell on belladonna, sepia, and other of our old remedies, but to give a few indications calling for the use of some of our new and infrequently used drugs in the treatment of after-pains.

Cimicifuga, according to the Chairman of our Bureau of Gynecology, Dr. A. E. Griffith, is very useful when the after-pains resemble in character the colicky pains of colocynth, when they move from pubes to sacrum (like *sabina*), and when *pulsatilla*, though apparently indicated, has failed to relieve. When the after-pains are more severe in the groins, and are associated with nausea and vomiting, *cimicifuga* will serve our patients well.

Lilium tigrinum will help us out in a bad case of after-pains when the recovery after parturition is delayed by the severity of the pains; when there is smarting in the urethra after urination; or when there are severe neuralgic pains in the uterus. The patient cannot bear the least touch to the painful parts; even the weight of the clothes is distressing. This latter symptom reminds us very much of belladonna in puerperal fever. In *lilium tigrinum* this sensitiveness is the result of neuralgia in and around the uterus, and does not arise from inflammation. Again, *lilium* may be used when, on the fifth or sixth day, there comes a bloating of the abdomen with the pains. It will relieve this trouble in a few hours. The same symptom may call for its use in anteversion when pregnancy is absent.

Caulophyllum should be thought of in cases in which the after-pains follow an exhausting and protracted labor. Where the uterine contractions are very painful after labor in women who have had rigid os uteri we should not overlook *caulophyllum*. As a general rule, rigid os uteri during labor portends hæmorrhage in the third stage of labor, or a tedious recovery afterwards. *Caulophyllum*

will control the hæmorrhage first, and the pains afterwards, in this class of cases.

Gelsemium.—A valuable indication for the use of this remedy in labor is "The pains seem to do no good; no progress is made because the pains run up the back." This same indication will serve us well in after-pains moving in the same direction. In cases of false labor pains with rigid os we should not overlook it. When there has been more or less dropsy of the limbs during the later stages of gestation, gelsemium may help us to remove all the troubles occurring after parturition.

Lastly, but by no means the least, I would call your attention to *xanthoxylum fraxineum*, the prickly ash. This is certainly a royal remedy for after-pains. A few years ago this remedy was highly extolled for its virtues in restoring the catamenia in phthisical cases. Extended experience has not realized these expectations. In after-pains, when there are dreadful distress and pain, pains in the back, pains in the abdomen, and pains down the anterior parts of the thighs, it is certainly a faithful friend to the afflicted. Relief is more readily obtained from the use of the 50th dilution, or the mother-tincture. *Xanthoxylum* will often relieve in cases where the pains are so severe and continuous as to simulate those of puerperal fever. *Xanthoxylum* has not the sensitiveness of the abdomen found in *sabina* and *belladonna*, and yet it bears many points of similarity to both of these remedies. *Secale* has after-pains too long with offensive discharge, while under *xanthoxylum* the discharge is never so offensive, and the pains do not seem to be so "contracting" as under *secale*.

A WARNING IN THE USE OF COCAINE.

BY W. C. GOODNO, M.D., PHILADELPHIA.

As a local anæsthetic the value of cocaine is established. Its increasing use as a local therapeutic agent, especially in catarrhal inflammation, leads me to write this word of warning. I have employed it much in such affections and with most unsatisfactory results.

The primary influence of the drug may be employed locally with advantage in certain acute inflammations of the mucous membranes when immediate relief is, for obvious reasons, desirable; but to

employ it in the treatment of the recurring attacks of catarrhal inflammation of the upper portion of the respiratory tract, from which so many persons suffer during the course of every cold season, leads to unfavorable results. The primary spasm of the muscular fibres of the vessel walls induced by this drug is succeeded by a corresponding degree of paresis which is recovered from but slowly. The result, therefore, of the cocaine treatment is the development of a slight degree of continued catarrhal inflammation with increased tendency to acute exacerbations.

ANÆSTHETIC MIXTURES.

BY F. F. CASSEDAY, M.D., KANSAS CITY, MO.

WHILE chloroform is considered the best and safest anæsthetic for children, and ether has the preference for general use for adults, I consider a mixture of alcohol, ether, and chloroform, familiarly known as the A C E mixture, or the London mixture, the best and most satisfactory anæsthetic for use in the obstetric chamber.

In 1864 the London Chloroform Committee recommended a mixture composed of ether three parts, chloroform two parts, and alcohol one part. This mixture is chemically and in its physiological effects similar to bichloride of methylene. While the bichloride of methylene narcotizes quickly, yet it is unsafe, and contains a varying quantity of chloroform.

A mechanical mixture such as indicated above, if made fresh whenever desired for use, will be found much more satisfactory, as well as being safer and more uniform in its action than the bichloride of methylene.

These quantities can be varied to suit special cases if necessary. This mixture is in use in many English hospitals as a general anæsthetic. Bilroth uses a mixture containing three parts of chloroform and one part each of alcohol and ether, while Spencer Wells and Lawson Tait are reported as using a mixture of ether and chloroform. It is possible with the A C E mixture to obtain that delightful stage of anæsthesia in which pain is absent, but consciousness is not lost. With ether and chloroform alone I have not been able to obtain this stage, but with the A C E mixture I have repeatedly done so without accidents or bad results of any kind. I have

used this mixture for the past nine years, and under its influence have made version and applied forceps without a dangerous symptom. I am in the habit of administering it in all cases of labor, except those in which anæsthetics are contraindicated. Any degree of anæsthesia can be secured that is required, and that more quickly and with less danger and after-effect to the patient than with any single anæsthetic.

There is, with rare exceptions, neither nausea nor vomiting after its use. The patient feels strengthened and refreshed. I have also used it in minor surgical operations with satisfaction.

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SOME REMARKS ON THE UNKNOWN FACTORS IN CLINICAL REPORTS.

BY CLARENCE BARTLETT, M.D., PHILADELPHIA.

A PAPER, of which the following remarks were the basis, was prepared by the writer for presentation to the Philadelphia County Society in September last. This paper was not, at the time, intended for publication, but inasmuch as several of the incidents which are here referred to have found their place in medical periodical literature, the writer feels it a duty, incumbent on himself, to report the sequelæ of these cases.

How often are our cases what we believe them to be, is a question that I have often asked myself. That we err frequently is undeniable. That our errors are always of our creation is not so plain. Aside from the tendency on the part of some patients to conceal such points in the etiological factors of their ailments, as they may deem derogatory to their personal character, there is also manifested among some, certain psychological conditions which lead them to practice deception (often unintentionally) on their medical advisers. The desire of the hysterical to make themselves interesting cases, the fondness of others for puzzling the physician, and the efforts of still others to present every phenomenon that may tend to throw a favorable light on the prognosis of the case, and to conceal that which is unfavorable (in which last the physician is only too willing an accomplice), here play their parts.

Still we cannot blame our patients' deceptions for all our mistakes and errors. Faulty methods in the examination of patients and undue haste in coming to conclusions play their part. The physician

is not omniscient. Medical science has not yet reached so near a state of perfection that all things concerning disease and its nature are knowable. Much there is that man with his limited powers cannot hope to know. I cannot better express the idea that I wish to convey than by quoting the words of that great thinker, Sir Andrew Clark: "There are states—mechanical, physical, chemical, and in a provisional sense, vital—which are neither tangible or visible, which not only cannot be estimated, but are, even by the most delicate instruments of research, incapable of recognition; states which often come and go, destroying function and disturbing health, and yet leave no abiding marks of their presence or action." While not germane to the present subject, I cannot refrain from quoting Sir Andrew's remarks on the therapeutic bearing of these hidden changes: "It is to these dynamic changes that our thoughts and inquiries should be turned; they precede, underlie, and originate structural changes; they determine their character, course, and issues; in them is the secret of disease; and if our control of it is ever to become greater and better, it is upon them our experiments should be made."

Considering first the liability of physicians to be deceived by their patients, I am reminded of a conversation with a prominent practitioner of this city. He said, speaking of a certain case that had been reported as cured: "Dr. Blank never cured that patient; I cured him; he was a personal friend of Dr. Blank, and getting no better, he decided to seek relief elsewhere. To do this without forfeiting the doctor's friendship, he reported himself as cured, and then placed himself under my care." While comment on such a case is unnecessary, one cannot refrain from making the inquiry: "May not this patient's second physician have been victimized in a manner similar to the way in which the first one was treated?"

While attending a society meeting not long since, I was very much interested in the report of a case presented by one of the members. The physician relating it was a man of well-deserved eminence, skilful as a prescriber, able with the microscope, versed in manipulation of instruments of precision in diagnosis, and of unimpeachable veracity. The case, as related by him, was evidently one of organic disease. The physical diagnosis left no doubt on that point. It was therefore with surprise that I heard him tell that the patient was cured. On walking home from the meeting with one of the members, I was told that the patient whose case was detailed by Dr. Blank, had never made a recovery, and what was more, never would.

Wishing to change physicians without hurting the feelings of Dr. Blank, whom she greatly admired, she reported herself as cured.

Such mistakes as the above are liable to occur among allopaths also, and prominent ones too. About six or seven years ago a well-known allopathic physician became very much interested in a certain remedy, which did not receive the attention from his school that he thought it deserved. He prescribed it for almost every case of disease that came under his observation in his hospital wards. Epilepsy, typhoid fever, and dyspepsia were all treated with this great remedy. Internes began to look upon the routine prescription as a matter of course. Finally the remedy was ordered in a case of catarrhal jaundice; for some reason, known only to himself, the interne administered bread-pill. The result exceeded all anticipations. The improvement was so great that the professor brought the patient before the class, and lectured on him, and afterwards reported the same in a medical journal. So far as I know the victim of this piece of deception has never been enlightened.

Several times I have reported cases in the medical journals as having been cured. The histories of some of these cases, since the reports were published, are exceedingly interesting, and invalidate to a certain extent the conclusions first drawn. About ten years ago I reported a case of epileptoid attacks as having been cured with *tarentula* 3x. (HAHNEMANNIAN MONTHLY, Vol. , page). While the attacks have not returned since the last report (*North American Journal of Homœopathy*, Vol. , page) was made, the patient cannot be considered well. He is still of a neurotic constitution, the neurosis now being manifested by a marked hypochondriasis.

At the meeting of the Homœopathic Medical Society of the State of Pennsylvania, held in Pittsburgh, in September, 1887, I read a paper on "Some Points in the Treatment of Gastric Disorders." In that paper several cases were reported, the histories of two of which since that date have been such as to oblige me to alter my original views regarding their nature. The first case was one of obstinate vomiting associated with severe headache and vertigo, and slowly progressive diminution of vision. This case was first reported by me in the HAHNEMANNIAN MONTHLY, for April, 1887. A review of this case may not be out of place at this time:

Mrs. U——, æt. 43 years, one year prior to coming under treatment, had been suffering from almost constant vomiting and headache. These headaches had chosen no particular part of the head for their

site, although they were notably more severe in the occiput and forehead. Vertigo had been added to her troubles, and was so intense as to make it a difficult matter for her to walk even across her room without assistance. There was no tendency to fall in any particular direction. A diminution of the acuity of vision was noted, but the ophthalmoscope failed to show any marked changes in the fundus oculi. The tongue was very heavily coated and the breath had an exceedingly offensive odor, so offensive, indeed, as to pervade the entire room. The bowels were constipated. Her mental condition was peculiar, for notwithstanding her great suffering she was in a happy frame of mind. The case was diagnosed as one of gastric catarrh, and treated by washing out of the stomach. Within ten days after beginning this treatment headache and vomiting ceased entirely and a general improvement in her appearance was noted. Careful attention was paid to her diet. Within four months she was able to walk to my office. Her eyes gradually grew worse, until she became totally blind. The ophthalmoscope showed atrophy of the optic nerve. She remained absolutely free from all headache and vomiting until last June, when there was a return of the old symptoms. Again the washing of the stomach was resorted to, and again relief to the vomiting was obtained. After the third "washing" she was taken with a fainting attack with slight convulsive movements, and died one hour later. She had had a similar convulsive attack the preceding day. An autopsy showed the abdominal viscera to be perfectly normal. The stomach was carefully examined by Dr. R. B. Weaver, without finding anything wrong. The brain itself was also normal, but there was a thickening of the arachnoid over the entire organ. There was a larger quantity of the arachnoidal fluid than usual.

With the light thrown upon the case by the patient's death and the autopsy, I have asked myself if the first diagnosis of the case was not wrong, and that after all the gastric symptoms were, in spite of the foul tongue and putrid breath, cerebral in origin. The lesions revealed at the post-mortem examination only served to render the case more obscure. If the vomiting was the result of brain disease, it certainly seems strange that lavage should have had so marked an effect in checking it. Even on the relapse from which she died, the vomiting ceased entirely after the first washing.

Another case mentioned in the paper referred to was that of a girl suffering from most obstinate vomiting, which I at that time believed to be hysterical in nature. My reasons for taking that view of the case were the fact that she presented the most remarka-

ble combinations of nervous symptoms I ever witnessed, symptoms that could only be explained by attributing them to an hysterical origin. The history of the case since making the report has shown my theory respecting the nature of the vomiting to be wrong *in toto*. The girl was pregnant; that explained the vomiting. Still it does not alter the fact that lavage gave her great relief, in fact kept the vomiting in abeyance as long as the operation was repeated.

In a paper on "The Relation of Rheumatism to Chorea" I tabulated 59 cases of chorea, giving the personal and family rheumatic history of each case. One of these cases has since come under treatment for a second attack of chorea. During the interval between the two attacks the child had had an attack of inflammatory rheumatism. In my paper I had tabulated it as a non-rheumatic case. The occurrence of rheumatism later in the history of the case and the second attack of chorea would favor, not a causative relation between the two diseases, but rather that there is a certain constitution in which both of the affections named exhibit a marked tendency to occur. It certainly would be interesting to follow all my cases of chorea until the life history of each was noted, if such were possible. Investigations bearing on the later histories of choreic patients have, so far as I know, never been attempted. Such investigations are beyond the province of the specialist; they can only be conducted by the family physician, whose opportunity it is to watch with skilled eye the tendency of families to special forms and groups of diseases. Observations made by him in this field are of estimable value; yet he sees fit to make no use of them for professional advantage.

We now come to the consideration of those "states—mechanical physical, and, in a certain sense, vital—which are neither tangible or visible, which not only can not be estimated, but are, even by the most delicate instrument of research, incapable of recognition." The existence of such states and the necessity of properly understanding them have long been recognized by homœopaths. It is commonly held by many that the totality of the symptoms will give us the desired information. So it will if we have the real totality. A totality that does not give us every datum necessary to the proper understanding of a case, both for the making of the diagnosis and the prescription of the remedy, is a totality in name only. If our examination of a case gives us a "totality of the symptoms," we must have the factors necessary to the making

of the correct diagnosis and prognosis, and instituting proper treatment; if we fail in any of these we cannot have a true totality.

As therapeutists, the study of the constitutional peculiarities or dyscrasie of our patients, is of great importance. Notwithstanding this, we are often so absorbed in the gross manifestations of disease which lead the patient to seek for relief, that we pay less attention than we should to the underlying factors to which they are due.

Only a short time ago a patient applied to me for the treatment of convulsions to which he was subject. His case had been diagnosed as one of epilepsy. A thorough examination showed the man to be the subject of syphilis. In addition to the convulsions, which were the only symptoms that led him to consult a physician, he had lightning pains, ataxic gait, absent patellar reflexes, weakness of the bladder, and other symptoms diagnostic of locomotor ataxia.

The investigation of family histories must aid us. Even here our methods are sadly deficient. A mere inquiry as to the existence of the same disease as the one in the case under treatment, and in members of the immediate family, usually suffices. Our investigations should be pushed further. Just as in the case of an epidemic, we study the cases individually and collectively, and so obtain our picture of the genius epidemicus, so must we make a thorough synopsis of the ailments current in one family tree and get the genius of that family as it were. It has often occurred to me that if our efforts looking toward the cure of such diseases as epilepsy are to be any more successful than they are at present, our advancement must be sought in the direction just outlined. I may here note as a point of interest that I have seen more permanent benefit derived from silicea, calcarea, sulphur, and remedies of that class in epilepsy, than from any of those remedies now so fashionable because of the resemblance between their pathogenetic effects and the epileptic paroxysm, *e.g.*, *œnanthe*, *cicuta*, and hydrocyanic acid.

Influences other than disease may operate by heredity, if I may be permitted to use the term in this connection. External agents, as alcohol and depressing emotions and violent passions, play their part. Twice in examining cases of epilepsy have I been informed, almost by accident, that the father of the patient was intoxicated at the time of the fruitful intercourse.

Objective symptoms exactly the same in each case may be variously interpreted according to the constitution of the patient and his personal and family histories. Thus an eczematous eruption

may in one case be an outward manifestation of gout, in another it is the result of disorder of the digestive tract, while in still others it is a purely local condition on a skin hyper-sensitive to external irritation.

The thorough investigation of family histories is certainly a difficult matter. Patients themselves have not the necessary information; we must look for enlightenment to the men ripe in years and rich in experience and judgment, whose opportunity it has been to act as medical adviser to several generations and several branches of a family. Unfortunately these are the men who are unwilling to present to the profession the results of their experience.

REPORT OF A CASE OF SUPRA-PUBIC LITHOTOMY.

BY JAMES H. THOMPSON, M.D., PITTSBURGH, PA.

GEO. W. M., æt. 10 years, has been suffering with symptoms of stone with vesical blenorrhœa ever since he was two years old. At first it came on gradually, presenting symptoms of acute cystitis; and, later, those of a catarrhal or spasmodic condition of the bladder and urethra. He has been under the treatment of physicians of both schools for the last eight years, over three months of this time in hospitals, under the care of hospital physicians. The little sufferer, during all these years, experienced no relief whatever. Strange to say, notwithstanding his symptoms, not one of his attendants examined the bladder with a sound or stone searcher. The trouble was attributed by different physicians to different causes—cold, chronic catarrh, scrofula, constitutional weakness, sequelæ of scarlet fever (which, by the way, the boy never had), to phimosis, for which he was operated upon, etc. When he came under my care, November 17, 1888, he was very feeble and prostrated by the long-continued suffering. He had been confined to his room for over nine months. The urine at times was loaded with pus and mucus, and was exceedingly offensive. When tested, albumen and tube-casts were shown to be present. There was a constant desire to urinate, which act was only accomplished by lying recumbent, a position he has been obliged to take each time he urinated for the last year; at times there was stillicidium. The urethra was so extremely small

that a No. 4 bougie could not be passed. The bladder, when filled with water, would not retain over two ounces. Finding all these symptoms present on my first visit, I decided at once to sound for stone, and not to my surprise, by the use of a short-beaked Tevan explorer, I succeeded in touching a stone high up and to the left of the prostate. My diagnosis being confirmed by the searcher, the lithotrite was thought of, but owing to the limited size of the bladder and urethra, and on account of a probable sacculation of the latter viscus and the probable large size of the stone, the idea of lithotrity was abandoned, and the high operation chosen. Previous to the operation the patient was given a carbolized bath and the bowels evacuated freely with a mixture consisting of oleum ricini, one ounce, and terebinthina, six drops. Ether was the anæsthetic given. The bladder was moderately distended with a one per cent. solution of carbolic acid of the temperature of the body; then it was well raised out of the pelvis by a rubber rectal dilator, after which I proceeded to expose the anterior wall of the bladder by a vertical incision of about two inches, made in the median line above the pubes, through the parietes, with the patient recumbent. The bladder being exposed, it was transfixed with a silk ligature and the abdominal parietes carefully kept open with retractors. The incision into the bladder was made on the beak of the silver catheter which had been used for the injection, and in the median line close to the symphysis from below upward. On incising the bladder two small-sized phosphatic calculi escaped with the fluid contents.

By examining the interior of the bladder with the finger, it was found to contain a very large-sized mass, sacculated near the fundus, filling about one-half of the bladder. An attempt was made to remove the mass as a whole, but finding this to be attended with much difficulty, owing to the small size of the entrance, it was accomplished by crushing and removing the fragments with the fingers and spoon. The particles when collected weighed two ounces, or nine hundred and sixty grains. The bladder was thoroughly washed out with a three per cent. solution of carbolic acid. It was then closed with a combination of the Lembert and continuous stitch of small-sized catgut, and the abdominal incision united down to the lower angle, when a small rubber drainage-tube was inserted and the wound dressed with a calendula dressing, which consists of the following: glycerine, $\mathfrak{z}\text{ii}$; calendula, $\mathfrak{z}\text{i}$; carbolic acid, gtt. xx. This was applied locally on prepared lint. A silk catheter was retained in the bladder for twenty-four hours, after which time the

patient urinated about every four hours, passing the normal quantity, but having a very offensive odor. The patient reacted nicely from the anæsthetic and experienced no untoward symptoms until the seventh day, when the nurse discovered that a small quantity of fluid had escaped from the tube during the night, slightly wetting the dressing. A close examination on the following morning failed to detect the odor of urine. On the eighth day there were no signs of any fluid whatever. The wound healed kindly and was completely closed on the tenth day. I continued to irrigate the bladder morning and evening, for three weeks, with a twenty-five per cent. solution of *peroxide of hydrogen*, owing to the offensive character of the urine. The internal treatment consisted of *staph.* 3x, and *benzoic acid* 6x. At no time was the temperature above 102° or pulse above 150. Whether the small quantity of fluid passed the seventh day was urine or not, I am unable to say. My opinion is that it was nothing more than a collection of serum in the tube, as later on I discovered the tube to be partly filled with a coagulum. In case it had been otherwise, I am afraid I would not have had complete union on the tenth day. The patient was up and around the room on the tenth day, and urinated in the erect position for the first time for over a year. This inability was due to the two small floating phosphate stones which escaped when incising the bladder. To-day he enjoys good health and feels grateful for the relief obtained.

AN EFFECT OF KALI BICH. ON THE TONGUE.

BY J. C. MILLEN, M.D., PHILADELPHIA.

ABOUT a year ago there came under my care a gentleman to whom I administered kali bich. 2x, one powder every three hours, with good effect for several weeks, when, on one of his visits, I noticed a light brown streak down the centre of the tongue, quite narrow, and extending from base to tip; this being accompanied by the sensation of a string on back part of tongue. Not being able to decide that this was drug effect, and finding no mention of a similar condition in the works at hand, I took the liberty of experimenting. The drug was continued for another week in the same dose. I then found the band had broadened out to nearly three-fourths of an inch in width, narrowing as it approached the tip; in color it had become a dark

muddy-looking brown, but in no other respect did the surface differ from the rest of the tongue.

The drug was now discontinued for one week, with an entire disappearance of the discoloration, although its administration again resulted (after three days) in the same symptoms. This was repeated several times with invariably the same result, the discoloration each time being accompanied by the sensation of a string on the back part of the tongue.

CORRESPONDENCE.

THE IMPROVED CHARLES M. THOMAS POCKET INSTRUMENT CASE.

TO THE EDITORS OF THE HAHNEMANNIAN MONTHLY:

Messrs. Gemrig & Son, of this city, recently showed me a new pocket instrument case which they had just completed for Dr. Charles M. Thomas, as an improvement upon the original case bearing his name.

The ingenuity and good workmanship of the makers, in carrying out Dr. Thomas's ideas, have resulted in such a neat and thoroughly practical product, that a short description of it, I trust, will not prove uninteresting to the many readers of your valuable Journal.

While the new case, as compared with the old one, presents many changes and some valuable additions, it still retains its characteristic and popular feature, of being replete with the instruments the average emergency case demands, and yet is not overloaded, as so many cases are, with instruments that might more properly be relegated to the general operating case.

The case, which is accurately represented in the accompanying electrotpe, is made of hard rubber, after the pattern of Dr. Van Lennep's larger pocket case, with nickel-plated fastenings and racks for holding the instruments, and will resist the action of antiseptic or other solutions used to clean and disinfect it.

It is five inches long, one and a half inches wide, and three-quarters of an inch deep, and may be conveniently carried in the vest pocket.

The contents are as follows:

1. Artery forceps and needle holder combined, with a slide catch

which can easily be removed for cleansing and when it is desired to convert them into dressing or dissecting forceps.

2. Scissors with one sharp and one blunt point, and with a French lock which enables them to be taken apart for cleansing.

3. One eyed and one crotched probe.

4. Grooved director and ear spoon.

5. Gemrig's newly patented separable knife with aluminium handle, holding a straight sharp-pointed bistoury and tenaculum.



The cut shows the simple construction of the knife, the component parts of which can easily be taken apart, and when replaced form an exceedingly light and firm instrument.

The advantages of this knife are, besides its light weight, that the blade is firm when locked, and that the whole instrument can be taken apart and cleansed—two objects which, I think, have never before been satisfactorily accomplished in the mechanism of a folding knife.

6. Metal tube containing an exploring needle and gold-plated hypodermic needle.

7. Small hypodermic syringe for the injection of morphia or cocaine.

8. Glass bottle with metal screw top holding a reel of prepared catgut.

9. Glass tube—in bottom of case—containing in one end Wyeth's Morphia Tablets for hypodermic use; each tablet represents morphia sulph. gr. one-eighth; atropine sulph. gr. one two-hundreth.

The other end holds cocaine hydrochl. tablets, gr. one-tenth each; three tablets in fifteen minims of water, making a two per cent. solution.

10. One silk French catheter, No. 11.

11. Assorted needles and silk, enclosed in a fold of flannel or canvas, which can be renewed when soiled.

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THE LANGUAGE OF MEDICINE.

It seems to me that the time has come when special attention should be given to the language of medicine by the profession at large, and especially by the teachers of our medical colleges.

So utterly neglected has this matter become, that the pronunciation of medical terms is almost as various as the number of physicians.

There has been no uniformity in the pronunciation used by the different teachers in any one medical college, and marked local peculiarities are apparent in the results of the teachings of the Boston, New York, Philadelphia and Western medical colleges which are at wide variance with each other. The most popular lecturers in each college have naturally impressed their peculiar pronunciation, errors and all, upon their students, and the result has been to render the scientific talk of the profession, whether in the consultation-room or the medical society, a modern babel.

The cause for this unfortunate state of affairs, of course lies in the fact that the literary colleges are about equally divided between the three pronunciations of Latin (English, Continental and Roman).

These graduates have mingled in the medical colleges. Diversity of pronunciation has created doubt in the minds of both students

and practitioners as to the correct way, and so finally the profession has thrown all systems to the winds and uses such pronunciation as comes easiest, without regard to rules or consistency.

The remedy for this state of affairs is apparent, viz.: the adoption of some one standard of pronunciation.

A right step in this direction has been made by the publication of a work on the *Language of Medicine*, by F. R. Campbell, A.M., M.D., which is a most timely and valuable discussion upon these subjects, and a work which should be in the hands of every student of medicine.

Dr. Campbell selects the English method of pronunciation as the one best adapted to the medical profession, and gives good and sufficient reasons for his selection. He says what is well known, that it is impossible to restore the ancient pronunciation perfectly. It is lost. All European nations pronounce Latin according to the sounds of the letters in their own language. Why should not the English do the same thing?

He ridicules, and justly so, the idea of some who would give the Continental sounds of the vowels but retain the English sounds of the consonants.

He claims that medical terms should be regarded as English words borrowed from the clinical languages and cites the three following reasons why this should be so?

First.—Many Latin words have already become so thoroughly Anglicised that the use of any other than the English method would sound ridiculous (*Vagina*—*wah-ghee-nah*; *Vapor*—*woh'-par*, etc.).

Second.—Other Latin words have been universally pronounced by the medical profession according to the English methods and could not be changed (*Biceps*—*bee-kapes*).

Third.—English rules of pronunciation *can* be applied to all words coming from foreign languages.

It would seem that these reasons are sufficient.

If this method should now be adopted by our medical colleges, our teachers would soon learn to conform to it, and it would require but a few years to gradually so leaven the medical profession (American, at least) as to compel the correct use of medical terms by all who desire to be known as educated medical men.

As one of the learned professions, it seems to me that next in importance to the knowledge of the science itself, should stand the development and proper use of the language which is used in medicine.

Some careful attention to this subject will, I am sure, only serve to elevate the profession to something of the dignity which it deserves, but which it can never obtain so long as the present diversity of pronunciation exists.

E. M. HOWARD, M.D.

CARBOLIC ACID IN VARIOLA.

TO THE EDITORS OF THE HAHNEMANNIAN MONTHLY:

In the January number, present year, page 51, "Gleanings," you call attention to the use of carbolic acid in variola, accredited to Dr. Montefero, of Naples.

I fully agree with the results there obtained. I would say further that the writer published an article on this subject, and gave the results of the experiment in his first case under this drug in the HAHNEMANNIAN MONTHLY, 1872, April number, which, we believe, is worthy of perusal. In every case, coming under the writer's care since that time, now seventeen years ago, he has used carbolic acid, 1x dilution in water, in all cases of variola treated, with the most gratifying success. In the hæmorrhagic variety it is readily understood that no drug is of universal value, but if carbolic acid is used early, there will be much greater prospects of recovery than with any other medicine known. I believe carbolic acid to be as near a specific for variola, as it is possible for any drug to be for any disease, and that this remedy should be more generally known and applied for small-pox.

C. S. MIDDLETON, M.D.

January 7th, 1889.

KALI BROMICUM IN UTERINE POLYPUS.—Dr. Chancere! reported to the Federal Hahnemannian Society of Paris the case of a woman affected with uterine polypus which was spontaneously expelled under the influence of *kali bromicum*. She had been under treatment for several months without any notable results. Under *calcaria carbonica* 30, only the hæmorrhage, which was continuous, diminished notably, and the tumor, which was soft and mucous, was somewhat reduced in size. Dr. Chancere!, led by favorable results reported of the action of *bromide of potassium* on polypi of the larynx, prescribed it to this patient. She took the 6th dilution for six days every month, and after seven months she discharged the polypus spontaneously.—*Rivista Omiopatica*, Rome, November.

EDITORIAL.

WHICH IS THE LIBERAL SCHOOL?

WHEN in the natural course of human events, the period arrived at which we were obliged to decide what course we should pursue in life, we decided to take up the practice of homœopathy. Not long after our entrance upon the studies of our chosen profession, we chanced to meet an allopathic physician with whom we had quite an acquaintance. The old gentleman showed his interest in us by kindly asking, now that school was done with, what did we intend to do in the future. He was told that we proposed to become a homœopathic physician, and for that purpose we had matriculated at the Hahnemann Medical College of Philadelphia. Never (even though we attain the age of Methusaleh) shall we forget the effect of that reply. Reverently did the old gentleman's eyes turn upwards, gently and fervently did he clasp his hands, and with a half-prayerful ejaculation say: "What unprincipled men will do to gain a livelihood!" For the first time we were made painfully aware of the existence of an *odium medicum*. We learned that there was an illiberal school of medicine. Hitherto it had been our steadfast belief that doctors were, of all men, the broadest minded. Little did we know of the many knotty questions in medical ethics that experts in that elaborate science (?) were called upon to decide. Little did we know that an allopathic doctor in the State of Maine would be expelled from his allopathic society because of such unethical conduct as using reindeer instead of horses for pulling his sleigh; nor did we dream that we should in future read that an allopathic doctor had married a woman homœopathic doctor (which was all right ethically), but when said allopathic doctor lent his horse to his homœopathic wife, that she might visit her homœopathic patients, the allopathic doctor's society rebelled, and he was expelled therefrom for his decidedly reprehensible conduct.

That was long ago. We have now grown wiser, but also sadder. Our faith in mankind, that is, allopathic mankind, is not as great as it once was. We have learned that there is an allopathic lion and a homœopathic lamb; that the allopathic lion has long been wondering if the millenium (to him) has come when he can devour said homœopathic lamb; in the mean time, the lamb grows, becomes mutton, as

it were, and now bids fair to tax the lion's mastication to the utmost, if the devouring process does not shortly begin.

We never entertained a doubt that there could be any question as to which was the liberal school ; neither did we think that any one else did. Above all things, we did not think that any allopath would have the temerity to ask such a question. But we were mistaken. Last autumn the American Academy of Medicine met in the city of New York. At that meeting Dr. Charles McIntyre, of Easton, Pa., read a paper entitled "Which is the Liberal School?" In this paper he endeavored to show that the homœopaths constituted the illiberal, and the allopaths, the liberal school of to-day. The writer said that this subject was suggested to him by correspondence with a gentleman who possessed the necessary degrees to admit him to fellowship in the American Academy of Medicine, but it so happened that his medical degree was from a Hahnemann college. This gentleman would not subscribe to the code of ethics of the American Medical Association, and this debarred him from membership in the American Academy of Medicine. Dr. McIntyre then goes on to quote the homœopathic applicant to prove that the homœopaths of to-day "do not rely solely upon the doctrine of similars," and then refers to that passage in the address of Dr. Pitcairn, that so worried our contemporary, the *Medical and Surgical Reporter*. Further reference to this part of the paper needs no answer from us at this time, as we have already expressed our opinion on this point in our issue of December last.

Next Dr. McIntyre asks the question (which he says he shall consider dispassionately): "Does that branch of the legally qualified practitioners of medicine, self-called regulars, nicknamed allopathic, —but falsely as has been ably shown by Dr. Bombaugh in a paper before this Academy some years ago—does this branch show illiberality in their professed rule of non-intercourse with any other branch which professes to use any exclusive dogma of therapeutics ; or does that branch self-styled homœopathic, itself show its narrowness by adherence to the therapeutic law so asserted by the very name it bears?"

Thus the question is stated for argument. Now for the argument itself. It opens with an account of an estimable allopathic practitioner who found that some of his patients desired homœopathic treatment. He purchased a box of the necessary medicines in pellet form, but his children secured the case one day, and emptied the pellets into one mixture. It would not do for a frugal country prac-

tioner to waste so much medicine, so he filled his little bottles with the mingled pellets, and the compound worked as well as the singles had done.

Dr. McIntyre honestly says that this is not homœopathy; and, to show the liberality of his own school of medicine, states "the employment of this special form of drug did not ostracize" said estimable country practitioner, "nor prevent his raising a son to practise medicine pure and undefiled." The natural inference of this is, that had said estimable practitioner investigated homœopathy honestly, that is, studied the homœopathic materia medica, and applied, or rather prescribed, the much maligned little pills according to "the law of cure," he would have been ostracized. It has not been many years ago since an allopathic doctor of Philadelphia, finding that his confrères failed to give him any relief from the disease from which he was suffering, consulted a homœopathic physician. For some time, said allopathic M.D. made a rapid progress towards cure, but still he did not renounce allopathy or resign the positions he held in allopathic institutions. This did not prevent the "code" from claiming him as its victim. His former friends instead of congratulating him on his chance for restoration to health, gave him the choice of resigning his official positions or abandoning homœopathic treatment. He chose the former. The fact that he was not finally cured by homœopathic treatment does not in the least extenuate the illiberal conduct of said doctor's allopathic friends, and although the latter is to-day a member in good standing of allopathic societies in another great city of the Union, the stigma cast on him by Philadelphia allopaths has never been removed.

Dr. McIntyre goes on to say that because the teachings of Hahnemann have not been adopted by the allopathic school, it does not necessarily follow that these teachings have not been examined, "and whatever of grain they may have possessed has been placed in the general storehouse of scientific medicine." Of this we are aware most painfully. "Whatever of grain" has been stolen without credit, placed in the allopathic storehouse, and carefully labelled "This is not homœopathy."

The reason given by Dr. McIntyre for the condition of non-intercourse between allopath and homœopath is, in his own words, as follows:

"I think, possibly, in the first place, that the early disciples of Dr. Hahnemann attacked with a great deal of energy the methods of practise of their fellows, sometimes offensively, and sometimes, also the men attacking except

the study of a book of symptoms and the remedies therefor, had no training in medicine. It was also at a time when the therapeutics of the old school needed modification in some particulars [Needed modification in some particulars is good.—EDITORS], and these attacks of the new school were none the less hard to bear because they contained grains of truth. A very natural enmity sprang up which has not had the opportunity to be allayed on account of the second reason. This was the assumption of a title to distinguish them from others, which title assumed adherence to a certain definite hypothesis in the selection of remedies. In other words, these gentlemen built a wall around themselves separating their world from the general republic of medicine, or, if they prefer, lifted themselves upon a platform, and then complain that the dwellers of the great prairie are narrow, since they bound their views by the horizon and not a limit of man's making. This, in the very nature of things, would keep up the old feeling."

Our essayist is certainly a very poor historian. His memory must be poor, or his opportunities for reading exceedingly limited. Would that the pen of a Helmut were given us! Then we might fix the responsibility for the origin of "Sectarianism in Medicine."

The title homœopath is not the *casus belli*, as Dr. McIntyre would assume by his assertion that we need not "change our methods by a single iota," nor "our theories by so much as a jot," "nor by a title any of our ways of proceedings," but if we will only drop the name homœopathic and all ostracism would cease. Such an assertion is too silly to answer. We all know its falsity.

Dr. McIntyre closes :

"And I think I voice the mind of the more thoughtful apathic school, if I may be pardoned the word, when I say that if these gentlemen would so throw aside the only thing that apparently separates us, they would find all signs of illiberality to have passed away."

Illiberality thus exists on the part of the allopathic school. It has not passed away, and this answers our question, "Which is the liberal school?"

EDITORIAL NOTES.

EXPERIMENTS made by Dr. Cyrus Edson and the Commissioners of the New York Board of Health, have shown live steam to be a more thorough agent for disinfecting clothing, bedding, etc., even at a temperature of 160 degrees, than dry heat at 250 degrees.—*The Doctor*.

EARNINGS OF A LONDON DOCTOR.—In the Westminster County Court, Dr. Raynor, a medical man, practicing among the poor in Westminster, appeared on a judgment summons issued by a Mr. Humphreys for the non-payment of a debt in compliance with a previous order of the court. Dr. Raynor said that he had not the least desire to evade the payment of the debt, but the fact was that it was with the greatest difficulty that he earned sufficient on which to subsist, the competition was so very keen. Several dispensaries had opened near him, and they gave advice and medicine

for a week for 3½d. The utmost that he could earn was about a pound a week. Plaintiff said he could not of course know the amount the defendant earned, but he knew that he was a doctor in practice. His honor said that on the evidence he should not make any order for payment.—*Chemist and Druggist*.

"THE other most noticeable therapeutical application of picrotoxine is as a remedy for the night-sweats of phthisis. . . . This effect is very singular, for picrotoxine, like pilocarpine, increases the elimination of sweat in normal conditions, acting as an efficient diaphoretic (BARTHOLOW). Its antihydrotic action in disease must, therefore, also be ranked with the similar action of pilocarpine. Although in phthisis the sweat-glands are presumably irritated, the drugs in question do not act through a sedative influence; but, apparently, a minimum degree of the stimulus, which they cause when the excitability of the sweat-centres is at the normal level, serves to increase the resistance of these centres to the morbid excitations."—DR. M. PUTNAM JACOBI, *N. Y. Med. Journ.*, July 14, 1888.

A very clear explanation of the action of picrotoxine in night-sweats, one, too, that proves the homœopathicity of the drug in this affection, although it was not intended to do so.

† A WISE MEDICINE MAN.—Dr. Ebbonie—"Dat chile o' yours am lookin' poo'ly, Mrs. Yallerby. What's he done gone an' swallowed this time?"

Mrs. Yallerby—"A bit ob lead-pencil, docto'."

Dr. Ebbonie—"H'm! What he wants now, ma'am, am an erasive remedy. I recommend him ter chew a piece ob lujy-rubber half an hour afore each meal."—*Puck*.

This is about on a par with the man whose presence of mind led him to take a dose of Paris green after accidentally swallowing a potato bug. It also reminds us of the distinguished therapists whose experiments in the laboratory are made the basis of experiments on the sick.

NEW PUBLICATIONS.

EXCESSIVE VENERY, MASTURBATION, AND CONTINENCE. By Joseph W. Howe, M.D. A TREATISE ON HEADACHE AND NEURALGIA, INCLUDING SPINAL IRRITATION AND A DISQUISITION ON NORMAL AND MORBID SLEEP. By J. Leonard Corning, M.A., M.D. A PRACTICAL TREATISE ON NERVOUS EXHAUSTION, ITS SYMPTOMS, NATURE, SEQUENCES, TREATMENT. By George M. Beard, A.M., M.D. Edited with Notes and Additions, by A. D. Rockwell, A.M., M.D. FAVORITE PRESCRIPTIONS OF DISTINGUISHED PRACTITIONERS WITH NOTES ON TREATMENT. By B. W. Palmer, A.M., M.D. New York: E. B. Treat, Library of Medical Classics. 1888 and 1889.

The first of the volumes before us treats of a subject, the importance of which cannot be overestimated. It is one moreover concerning which but little is positively known. Hitherto reputable physicians have been content with leaving the treatment of cases such as those dealt with in Dr. Howe's book in the hands of quacks and charlatans. We therefore hail its appearance with pleasure.

Dr. Corning's book on headache and neuralgia is remarkable for the originality of the matter contained therein. The author has dwelt very lightly on the diagnosis and pathology of the many forms of headache and neuralgia which he considers, and treats almost exclusively of certain points in the treatment of these

affections on which it has been his practice to rely. It is here we find the originality of the work. Local medication of nerves receives great consideration. The author's method is to introduce the anæsthetic (cocaine) throughout the painful territory, after which he places over the part a piece of fine wire gauze, which is trimmed with a pair of scissors so as to cover the anæsthetized zone. "A T-shaped block of wood is then placed upon the wire gauze and a considerable degree of pressure applied by means of an elastic strap which encircles the head and is secured in place by means of a buckle. As a result of this procedure the wire gauze is pressed well into the skin, and the septa of the same causes occlusion of the sub-jacent capillaries, but without pressing out the cocaine, which remains caught, as it were, in the meshes of the wire gauze." By this method the author has succeeded in producing a state of local anæsthesia lasting an hour and a half. Where pain is located above the eyes, as in supraorbital neuralgia, this method of treatment acts like magic. The solution of cocaine employed in these cases is of very low percentage, that is, from one-quarter to one-half per cent. Another method of local anæsthesia adopted by the author is accomplished by first denuding the cutaneous surface by means of some blistering application, after which the cocaine is applied by an ingenious device of the author's invention. Under the head of electrical treatment the author introduces for professional favor his clamp electrode, by means of which he makes prolonged applications of the electric current to the painful parts. It is a question whether or not these prolonged electrical currents are of any more value than those applied for a shorter time. Still, if there is any value in them, Dr. Corning's clamp electrode offers a practical means for their employment. *Experientia docet.* The author also introduces a short consideration of his methods for effecting cerebral anæmia by carotid compression. The book is one that will well repay perusal. We object to some of the author's methods of spelling, as "antipyren" for "antipyrin," etc.

The next book on the list, *Dr. Beard's Nervous Exhaustion*, is an old friend. As it is such, it is only necessary for us to refer to the additions made by Dr. Beard's life-long associate, Dr. Rockwell. The remarks made by the latter, concerning the liability on the part of the physician to confound neurasthenia with lithæmia, are to the point. The hygienic treatment of the two conditions is so different that their correct differentiation is necessary. Still one must not go to the other extreme and make of lithæmia a substitute waste basket for neurasthenia. The most important addition to the book, made by Dr. Rockwell, is the recommendation of very strong electrical currents to the head in the treatment of certain forms of neurasthenia. Such applications require certain care. Dr. Rockwell has already treated of this subject at great length in the *Medical Record* for 1888.

Of the last book, we can say but little, as we do not think it is of much utility. It is a mere compilation of prescriptions, given, or rather recommended, on such vague indications as "chorea," "idiopathic epilepsy," "neuralgia," etc. It tends to foster empiricism.

HANDBOOK OF THE DIAGNOSIS AND TREATMENT OF DISEASES OF THE THROAT, NOSE, AND NASO-PHARYNX. By Carl Seiler, M.D., Third Edition, thoroughly revised and greatly enlarged. Philadelphia: Lea Brothers & Co. 1889.

This little work is designed as an aid to the student in acquiring the art of laryngoscopy. The main additions to this, the third edition, will be found in the chapters on "The Physiology of the Voice," and "Vaso-motor Coryza and Hay Fever." The work is well gotten up, and is, moreover, practical throughout.

TEXT-BOOK OF MEDICAL JURISPRUDENCE AND TOXICOLOGY. By Jno. J. Reese, M.D. Second Edition. Revised and Enlarged. Philadelphia: P. Blakiston & Co. 1889.

In these days when suits for damages are instituted on every pretext, and oftentimes without pretext, the study of medical jurisprudence becomes a necessity (not infrequently for self-protection) to the physician, who is generally the main witness on whom the jury must rely for promoting the ends of justice. As a practical review of the subject of medical jurisprudence, we can recommend with pleasure Dr. Reese's treatise. It is not so voluminous as the great treatises on the subject, and yet it contains sufficient to give its reader a sound foundation on which to build should he desire to make an after-more exhaustive research into the study. The present edition differs from the first by reason of additions in the chapters on blood stains, suffocation, ptomaines, and malpractice.

GLEANINGS.

CONDUCTED BY

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AND THE EDITORS.

HYPERTROPHY OF THE LIVER IN THE COURSE OF BRIGHT'S DISEASE.—Hanot has observed this rare complication of Bright's disease in several cases. This hypertrophy does not find its cause in cardiac complications, but is apparently due to the uræmia. We may suppose that the blood of the portal vein, charged with toxic matter, determines within the parenchyma of the liver, nutritive and vascular changes, tending to an increase in the volume of the organ.—*Archives de Médecine*, December, 1888.

CHLORAL HYDRATE IN NIGHT-SWEATS.—Nicolai dissolves eight grains of chloral hydrate in two tumblers full of a mixture of equal parts of alcohol and water. Before retiring the patient is rubbed down with a sponge soaked in this solution. When this does not suffice, his night shirt is soaked in the solution, and he has to keep it on during the night. When in children, night-sweats occur from other causes than phthisis, the effect of this treatment is wonderful; three or four spongings always suffice for their removal.—*Gazette Med.*

PARENCHYMATOUS INJECTIONS OF WATER IN CHRONIC TUMORS OF THE SPLEEN.—Instead of using arsenic, Murry and Boars employed parenchymatous injections of distilled water for chronic tumors of the spleen, and produced in several cases, a decided decrease in the size of the tumor, without any of the injurious sequelæ which sometimes follow the use of white arsenic.—*Ezech.*

THE PREVENTION OF PHTHISIS.—At a meeting of the Epidemiological Society, of London, held January 9th, 1889, Dr. J. E. Squire, read a paper on this subject, stating that phthisis depended primarily upon the reception into the body of an infective particle or micro-organism; but a lowered vitality of the tissues placed them in a more favorable condition for the development of the bacillus, and thus constituted in the individual a predisposition to the disease. The bacillus might gain entrance into the body (1) by inoculation through a cut or scratch; (2) by means of the genito-urinary mucous membrane; (3) by the product of conception, and by direct hereditary transmission; (4) by the mucous membrane of the alimentary canal; (5) by the mucous membrane of the respiratory tract, and by the air-cells of the lungs. Dr. Squire gave as the fundamental principles which must form the basis of any successful attempts to diminish the prevalence of phthisis were (1) to provide a sufficiency of fresh air in and around dwellings and workplaces; and (2) to endeavor to improve the resisting power of the individual by physical training during the period of growth and development, and by exercise and recreation alternating with the work of maturer age. As the effects of phthisis were handed down by hereditary transmission from parent to child, any causes which tended to increase tubercular disease amongst the adult members of a population must be regarded as tending to produce a progressive deterioration of race.—*The British Medical Journal*, January 26th, 1889.

ACOUSTICS APPLIED TO THE HUMAN CHEST IN PHYSICAL DIAGNOSIS.—Dr. J. R. Leaming (*The New York Medical Journal*, January 26th, 1889), states that while optics has been successfully applied in the diagnosis of diseases of the eye, acoustics has hardly been thought of as a sure scientific solution of the important and difficult problems of diagnosis of diseases of the chest, the reason being, that until lately acoustics has been an unapplied science. Laennec stumbled upon acoustic facts when he placed one end of a roll of paper against a patient's back and applied his ear to the other. Skoda advanced a step forward when he discovered the principle of consonation, but it remained for this practical age to develop the full significance of the application of the laws of sound in diagnosis. The fundamental

principles in acoustics essential in understanding the physical condition of the chest, are vibrations and sound-waves, together with the fact that rapidity of vibrations gives pitch. The normal chest-chamber is a perfect instrument for the formation and reflection of sound-waves, liable to be altered in shape and its acoustic perfection destroyed by changes of form from intra-pleural adhesions, pressure of tumors, or diseases of the spine, etc. The lungs are an acoustic instrument, consisting of tubes and sacs so arranged that each little sac is a resonator, distended by air constantly rarefied by heat, upon which it actively contracts, causing vibrations which help to make up the vibrations of the true respiratory murmur. Each sac is connected with a bronchus, and with the outside air at each inspiration and expiration, and consequently sound-waves in the open air pass in and are consonated in each sac, as are also the friction-vibrations of the tidal air rushing in and out through the open bronchi.

The lungs may originate sound vibrations in the air-sacs when in perfect condition only. They may also receive vibrations from without, or from friction of the moving air within the tidal space of the connective system. The distance between the tidal-air space and the air sacs is filled with compressed air. Sounds are not originated here, as the residual air causes no friction. The vibrations from without and the friction in the tidal-air space are not consonated in this space, but pass through it, silently, and are consonated in the sacs, as is the sound in a speaking tube. This, Dr. Leaming considers, an acoustic law of importance in diagnosing disease of the lungs, for where unusual noises come from the true respiratory system other than acoustic consonations, it is an evidence of disease and is caused by conductions by pathological products.

The lungs are a perfect conductor of sound in the direction of their columns of air in tubes, but are non-conductive in any other direction. The lungs shut off all sound coming from the heart except by natural direct conduction through the mediastinum, in all parts covered by them; so that, whenever the heart-sounds are heard otherwise through the lung-substance, it is acoustic evidence of pathological change. Either the lung is condensed by pressure, or there is consolidation or adhesions.

The study of the heart's rhythm is entirely acoustic. Its right apprehension is far more important than all the other signs together, for there can be no alteration of the rhythm without pathological cause. Murmurs may be heard, and in various areas and mean little or nothing, if the rhythm remains correct. The first sound of the heart is formed by the vibrations of the tense mitral valve, by the tense chordæ, the sound of the muscular contraction and the friction of the blood. If it loses the valve-sound—the low, drum-like note—the vibrating power of the valve is affected. If the higher note of the vibrating chordæ is lost, then are the chordæ affected pathologically. If the valve and chordæ sounds are both gone, then nothing is left but the blood friction and muscular contraction. If the first sound is increased in energy, and the first interval of silence in length, and the second is emphasized with the second interval shortened, there is obstruction at the aortic orifice, or regurgitation, and without compensation there will be a decreased arterial tension.

In auscultating, Dr. Leaming considers that, for accuracy, delicacy and freedom from acoustic imperfection or injury from outside causes, nothing equals the temporal bone of the head placed against the sonorous object, so that the sound-vibrations may pass directly into it and to the organ of hearing.

ABSORPTION OF NOURISHMENT IN HEART DISEASE.—Grossman (*Zeitschr. f. klin. Med.*, 1888, xviii. 183) has made a careful study of the condition of absorption of food in heart-diseases, determining in several cases the chemical composition of the various substances ingested, and that of the urine and feces excreted. The results showed that, in passive congestion of the circulation, the absorption of the different articles of food was affected in very different degrees. It was found that the carbo-hydrates were very little or not at all disturbed. The result is striking, since von Mering has shown that the carbo-hydrates are chiefly, if not exclusively, taken up by the portal system, and this system must certainly suffer exceedingly in the congestion of heart-disease. Müller has found, too, that even in the absence of bile or of the pancreatic secretion from the intestines, or in amyloid degeneration of it, the absorption of the carbo-hydrates is but little impaired. It would appear, therefore, that whatever the nature of the digestive disturbance, the assimilation of this sort of nourishment is least of all affected. The author further found that, in heart disease, the absorption of nitrogenous food was also little disturbed even when ascites and edema were rapidly increasing. It was, however, discovered that the

power to take up fat was very greatly diminished, an average of 18 per cent. of the fat eaten appearing again in the feces, or more than 10 per cent. in excess of what should be evacuated by healthy individuals. The degree of congestion does not seem to have much influence on the lack of absorption, and it is not so much the congestion itself which is the cause of the trouble, as the chronic alteration of the intestinal mucous membrane which the heart affection has produced. As the fat in the feces was always properly reduced, at least two-thirds of it being in the form of fatty acid, it would seem that there was not so much an impaired digestion of fat as a want of its absorption.—*Amer. Jour. Med. Sci.*, February, 1889.

PULMONARY CONSUMPTION AS A NEUROSIS.—Dr. Thomas J. Mays, in the *Therapeutic Gazette*, November 15th and December 15th, 1888, discusses phthisis as a neurosis. Considering, more especially, catarrhal phthisis, he states that certain unquestionable neuroses are found associated with phthisis, or alternating with its exacerbations, arguing that his theory is supported by a study of the nervous element to be found in the fatigue, the anorexia, the sweating, the diarrhoea, the hæmoptysis, the cedema, the aphonia, the dyspnoea and the thoracic pains of phthisis. He concludes that a proper interpretation of all the facts shows that pulmonary consumption is a peripheral disease, connected with a depreciation of the whole nervous system caused by a central lesion. He thinks that it is possible for a neurosis of the pneumogastric nerve to give rise to all the lesions generally found in phthisical lungs, although this may not be demonstrable by experiment.

OBSERVATIONS ON THE SITUATION OF THE APEX-BEAT IN CHILDREN.—Dr. W. von Starck (*The Practitioner*) has made an elaborate investigation of the situation of the apex-beat in children. The following are his most important conclusions: 1. In the first year of life the situation of the apex-beat is frequently indeterminable. 2. It lies without the nipple line in most children up to the fourth year; during the following years less and less frequently in this situation; after the thirteenth year practically not at all. 3. It is found in the mammary line but seldom in the first year; more and more frequently so up to the seventh year; less often again after that age; but at fourteen may again be found there. 4. Within the mammary line the apex-beat is never found up to the second year; seldom up to the seventh year; from nine upward, in the majority of individuals; from thirteen upwards, almost exclusively. 5. In the fourth interspace the apex-beat lies almost exclusively during the first year; thereafter less and less often in that situation. 6. The apex-beat is found in the fourth and fifth interspaces, but seldom during the first two years of life; from the third to the sixth year, often; thereafter again, less often. 7. In the fifth interspace the apex-beat is very seldom situated during the first two years; in the next years, more often; from seven onward, in the majority of subjects; after the ages of thirteen, almost without exception there. 8. The apex-beat is very seldom indeed to be found in the sixth intercostal space of children.—*The Medical Record*, January 5th, 1889.

STROPHANTHUS IN PNEUMONIA WITH THREATENED HEART FAILURE.—Dr. Graiz (*Centralbl. f. Klin. Med.*, No. 45, 1888, and *Münch. med. Wochenschrift*, p. 125, 1888) says that, at the Policlinik, at Erlangen, Dr. Pentzold has employed strophanthus in fifteen cases of severe pneumonia, with symptoms indicating heart-failure. He gave the 5 per cent. tincture, in doses of ten drops, three times daily, and with very satisfactory results, as shown by an improvement in the general condition, slight decrease of the breath and pulse frequency, and especially a decrease in the irregularity of the heart's action. No unpleasant effects from the drug were observed.—*Medical News*, February 9th, 1889.

EXAMINATION OF THE THROAT AND NOSE OF TWO THOUSAND CHILDREN TO DETERMINE THE FREQUENCY OF CERTAIN ABNORMAL CONDITIONS.—Dr. W. F. Chappell, associated with Dr. Andrew N. Smith, examined 2000 children (1292 were boys) in order to obtain some definite opinion in regards to the frequency of abnormal conditions of the nose and throat in children. Of the 2000 children, 955 were taken from the New York Juvenile Asylum, 645 from a grammar school and 200 from a Half Orphan Asylum, and the remaining 200 from various sources.

In the entire number the following abnormal conditions were found: Adenoid growths, 60; enlarged tonsils, 270; deviated septa, 330; spurs on septa, 150; hypertrophy of inferior turbinated bodies, 260; hypertrophy of middle turbinated bodies, 161; showing that, of 2000 children, 1231 were suffering from some anatomical abnormality, and usually with its accompanying symptoms of respiratory obstruction and catarrh.—*Amer. Jour. Med. Sci.*, February, 1889.

HELLEBORE IN HEART AFFECTIONS—Dr. Christovich (*Revista de Ciencias Médicas Barcelona*), after experimenting with the fluid extract of hellebore upon dogs and frogs, employed it as a remedy in eleven cases of heart disease, with the following results: 1. The drug increases the cardiac contractions, reinforces its action and enlarges the fullness of the pulse. 2. In cases of violent action of the heart, he observed a lessening of the morbid activity. 3. Congestion of the lungs, liver and kidneys was dissipated and relieved. 4. The urinary secretion was increased. The dose administered was from ten to twenty drops of a 1 per cent. solution of the extract, given four to six times a day.

COCAINE IN CANCER OF THE BREAST.—Dr. J. F. Somerville used a 5 per cent. ointment in a case of recurring, inoperable, mammary carcinoma, accompanied by the usual intense pain. The result was very gratifying, and during her last two months of life the patient was free from suffering. It was not necessary to increase the strength of the ointment, but it is not stated how frequently the applications were made.—*London Lancet*, January 26th, 1889.

PERFORATION OF THE VERMIFORM APPENDIX.—Dr. A. M. Jacobus reports a case in which laparotomy for a purulent peritonitis resulting from such a perforation saved the patient. There was a history of right iliac distress and constipation lasting several months. Then an attack of violent intestinal cramps, nausea and chilliness; the abdomen was sensitive, especially on the right side, slightly tympanitic, the knees drawn up, temperature $100\frac{1}{2}^{\circ}$, pulse 98. The treatment consisted of hot-water applications with a little turpentine, absolute rest, cathartics, morphia and antipyrine. There was improvement for about thirty-six hours, when all the symptoms recurred with very much increased intensity, continuing until the operation, the following day. In all probability, the onset was due to a perforation, a protective sac had formed, but "a sneaking peritonitis" gradually developed, the sac burst and the inflammation spread through the whole abdominal cavity. The section consisted of two openings, one oblique along the crest of the right ilium, and the other in the median line below the umbilicus. Purulent peritonitis was found, the intestines being extensively matted together, some foetid gas but no feces, and a "ruptured peritoneal sac," containing the vermiform appendix, pointing upward and attached to the cæcum, and what appeared to be a bean. The abdominal cavity was flushed with hot water, the intestinal adhesions being carefully broken up with the hand; glass drains were introduced through both openings, the one through the oblique incision being carried into the above-mentioned sac; and the sutures introduced and the dressings applied as usual. The aftercourse was uneventful until the sixth day when, after the sutures were removed, the patient, by an over-exertion, caused an extensive hernia of the intestines through the median incision. This was replaced, and the wound sutured again. There were no further complications save a slight rise of temperature, and a temporary recurrence of the peritonitis. In his remarks on the case, the author says that nothing but an operation could have saved the patient, and that no incision but the median would have allowed the carrying out of the same. The operation should have been performed at least a day earlier, but the symptoms simulated a "simple perityphilitic inflammation undergoing resolution." The question of the intra- or extra-peritoneal character is made too much of, and dangerous delay results from waiting for the latter to come to the surface. Insidious peritonitis is almost sure to develop in spite of nature's attempt to wall in the poison by plastic material. The history of such cases is at best one of recurring relapses and an ultimate fatal termination. Further, Treves's investigations are quoted to show that the cæcum is entirely enveloped by the peritoneum, that it is free in the peritoneal cavity, and that it is impossible to reach it extra-peritoneally by the incision in the loin. Abscesses may form in the iliac fascia, or from protective adhesions become extra-peritoneal, and, there being no peritonitis present, should be opened direct through the loin. But the associated peritonitis is insidious, and often overlooked, hence if such cases do not readily yield to rest and cathartics, etc., but get worse laparotomy should be performed not later than the second or third day. The median incision is to be preferred to the one recommended by Sands, a vertical one over the caput coli. It is preferable not to suture or excise the appendix, and to use glass drains instead of packing and getting healing by open wound. Hot douches are to be used, and the abdominal cavity filled with hot water previous to closing the wound "for the purpose of floating the intestines and preventing new adhesions" in the place of those broken up. In conclusion, the use of laxatives is insisted upon, and the use of opium condemned.—*Medical Record*, February 2d, 1889.

CHOROIDO-RETINITIS SYPHILITICA. by Dr. Oswalt.—According to the author's observations, a central retinitis, with or without coincident iritis, can develop in syphilis within a few months to a year after infection. It is characterized by the development of small, grayish-white, grape-like foci which, by preference, are located upon the terminal ramifications of the arteries. Peripherally, but always on the terminal ramifications of the arteries, similar, small infiltrations of the retina can be seen. Generally, small foci of choroiditis exist at various points upon the fundus, although they may be absent. The macula lutea is often at the same time faintly clouded in a diffuse manner, and minute vitreous opacities are present. The acuity of vision is sometimes markedly diminished; usually, however, it is but slightly decreased.

The inflammations within the eye are among the earliest symptoms of secondary syphilis.—*Berlin. klin. Wochenschr.*, No. 45; *Monats. für Prakt. Derm.*, Bd. I., January, 1889.

THE USE OF BARIUM CHLORIDE IN HEART DISEASE.—Dr. H. A. Hare (*Medical News*, February 16, 1889), cites the facts discovered by Brinton, Ringer, Kobert and Bary, that barium slows the heart greatly, steadies its rhythm, and, at the same time increases the volume of blood thrown out of the ventricle. It also increases blood pressure. Kobert considers that this change is due to an action on the muscular coats of the bloodvessels. Large doses used in the lower animals cause systolic arrest of the heart from over-stimulation. The strongest irritation of the vagus nerves fails to relax the systolic contraction. This failure of the vagi to inhibit the heart is not the result of paralysis of these nerves but is due to the excess of cardiac contractile power. The slowing of the pulse depends solely upon the stimulation of the heart muscle, although it seems probable that the vaso-motor stimulation, by increasing the arterial resistance, may be a factor in the reduction of the pulse-rate. The doctor relates seven heart cases, five organic and two functional, to which he gave teaspoonful doses of a one per cent. solution of barium chloride, three times daily, with uniformly good results. He submits two sphygmographic tracings showing markedly typical pulse tracings in severe and long-standing cases of aortic insufficiency, brought about by the use of the barium chloride. He found in all the cases that while the volume of the pulse is increased it does not give that sensation of tenseness to the finger that digitalis does, and the pulse-wave seemed to be very much prolonged. He considers barium chloride to be a remarkably cheap, virtually tasteless, and very slightly poisonous drug, which, nevertheless, acts as rapidly as digitalis, and does not disorder the stomach.

OXYGEN IN THE TREATMENT OF PHTHISIS.—Prof. Woodbury, says phthisis when developed must be looked on as a mode of dying. We must, therefore, step in, as early as possible, and obviate the tendency to death by every means in our power, and put the patient in a more favorable condition for health. The inhalation of oxygen has been recommended. More than a century ago, it was observed by Priestley and Beddoes that oxygen did harm in certain cases of phthisis. In acute phthisis, the form which has been termed phthisis florida, the blood may be hyper-oxygenated. Oxygen should not be given under such circumstances or where there is fever. But where there is no fever, and where the conditions in the lung interfere with the oxygenation of the blood, benefit may be obtained from the inhalations of oxygen properly regulated. In those cases in which there is an increase in oxygen, it was recommended a few years ago, that the amount of oxygen be diminished by the use of carbonic acid gas introduced into the system, more especially by rectal injections. Clinical experience has not confirmed the extravagant claims made for this treatment.—*The Medical Register*, February 16th, 1889.

OBSTETRIC THERAPEUTICS.—The effect of ergot in involution of the uterus has been studied by Herman, and the results appear to us to demonstrate that the continued use of ergot during the process of involution of the uterus is to be deprecated. Blanc, a French physician, from the observations of the use of this drug in two hundred cases of parturition, arrived at practically no conclusion; if anything, his investigations led him to believe that involution was retarded. Pilocarpine in labor receives attention, but the conclusions arrived at and the deductions drawn are hardly such as to encourage the use of the drug in any of the stages of labor. Cocaine, for the relief of pain in the earlier stages of labor, has been tried, but does not meet with general approbation; and the same may be said of antipyrine, though we are inclined to believe that further trial of the last drug will prove it to be of

some service. Silico-fluoride of soda, or "salufer," as an antiseptic for intra-uterine or vaginal douches, is highly spoken of, and said to be most efficient. It has the advantage of being "a nearly perfect antiseptic agent," and, unlike the perchloride of mercury solutions, it does not roughen the hands, spoil instruments, or set up poisonous symptoms, while at the same time it is a very powerful germicide, and, according to Mayo Robson, a solution of "0.61 per cent. possesses greater antiseptic powers for animal tissue, than 1 in 500 perchloride of mercury solution."—*Archives of Gynecology*, February, 1889.

ANTIPIRYNE FOR AFTER-PAINS.—Riviere shows the advantage of antipyrine for diminishing the pain without modifying the contractions of the uterus, and in consequence relieving the suffering from after-pains. It possesses a real superiority to opium, which calms the pains and suppresses the contractions. The author has administered antipyrine *via* the stomach in doses of one gramme, and in this manner has decidedly calmed the after-pains in many cases. He in some cases increases the dose to two grammes, but that is the maximum and it is rarely necessary to pass it. When given in this quantity the antipyrine is administered in divided doses, the one separated from the other by an interval of one hour.—*Archives of Gynecology*, February, 1889.

SIMPLE TREATMENT OF ACUTE CORYZA.—*The Schweizer Wochenschrift für Pharmacie*, No. 49, gives the following simple treatment for acute coryza:

Put one teaspoonful of powdered camphor in a cone-shaped vessel, filled with boiling water, and covered with a cornucopia, the top of which is then torn off just enough to admit the nose, and the warm camphor-vapor inhaled from ten to fifteen minutes. A repetition of this procedure after four or five hours, will generally suffice to effect a cure.—*Medical News*, February 2d, 1889.

SULPHONAL.—Mr. Connolly Norman, as the result of his experience with sulphonal, gives the following summary: 1. Out of the twenty-two persons observed, in only two were any bad results noticed. These were specially unfavorably bad cases, and cases in which other sedatives had failed. 2. In no case was gastric or intestinal trouble observed. 3. In several cases refusal of food or a tendency thereto, existed. This was overcome and the appetite seemed to improve under sulphonal. 4. In several cases masturbation and tendency to sexual trouble existed. The drug appeared to lessen the tendency to self-abuse and erotic excitement. 5. In some recurrent cases it appeared to check or shorten the attack. 6. Out of the limited number of cases treated, the majority happened to be melancholical, but the drug appeared to exercise a hypnotic and sedative effect in various forms of insanity. 7. No patient complained of the drug or refused it for other than delusional reasons. 8. Sleep appeared to be natural, refreshing and undisturbed by dreams.—*Dublin Journal of the Medical Sciences*, January, 1889.

A NEW ANTHELMINTIC.—Parisi, of Athens, after eating freely of the endocardium of the cocoanut, and drinking the milk, experienced nausea, gastric disorder, and diarrhoea. On the following morning he passed a dead tænia with the head. He has since used the cocoanut in six other cases of tape-worm with a like favorable result. One great advantage attending this method of treating tape-worm is that it does not require any preparatory treatment.—*Schmidt's Jahrbucher*, 12, 1888.

SULPHO ICHTHYOLATE OF AMMONIUM IN ERYSIPELAS.—Ammonium sulpho-ichthyolicum and fat, equal parts, are recommended by Russian physicians as one of the best external applications in erysipelas. It shortens the course of the disease and gives great relief to the pains.—*Central. für Chirurgie*, 50, 1888.

RESORCINE IN WHOOPING COUGH.—Silvado has published a very interesting essay on whooping cough and its treatment by resorcline. He comes to the following conclusions: 1. Whooping cough is a parasitic disease seated in the larynx. 2. The parasite is the micrococcus of Letzerich. 3. It is a contagious disease. 4. The parasite must be destroyed, and the best treatment is the local application of resorcline.—*Allgem. Med. Centr. Zeitung*, 102, 1888.

SACCHARINE IN DIABETES.—Dujardin-Beaumez makes use of saccharine in his diet for diabetics, as many of these patients feel the necessity for having their food and drink sweetened at times. Digestive troubles follow the administration of large doses and its too frequent use, while minimal doses, off and on, are well borne. By

its antiseptic qualities it prevents gingivitis and the alveolar suppurations so frequent among these patients. Professor Paul's remark that one must differentiate diabetes and glycosuria, as patients suffering from the latter often show considerable variations in the amount of sugar in the urine without regard to the kind of food taken. When digestion is good, the quantity of sugar in the urine is at its minimum; with incomplete digestion the glycosuria increases. As diabetics lose their flesh readily the following articles may be recommended in their dietary. Sardines in oil, tunny (a fish) in oil, red herring in oil, lard, goose-grease, butter, pork in different shapes, *pate du foie gras*, fat soup with cabbage, poached eggs, soup with onions, and sour crout.—*Semaine Medical*, 1, 1889.

COLLODION FOR CHILBLAINS.—R. Iodini pur. 1 part; collodion, 40 parts. Dissolve the iodine in the collodion, and apply to congested areas once daily.—*London Medical Recorder*, February 20, 1889.

OINTMENT FOR ACNE.—R. Resorcin, 2 to 5 parts; zinci oxid., pulv. amyli, aa 5 parts; vaseline, 10 parts; fiat unguentum. To be left in contact with the affected skin as constantly as the occupation of the patient allows. It can be removed by a plug of wool steeped in oil, and the site should then be dusted with rice powder.—*London Medical Recorder*, February 20, 1889.

A HINT FOR THE RELIEF OF SEASICKNESS.—Heller recommends for the purpose of preventing seasickness that oscillation of the body be prevented. This can be done, he says, by following with the lower extremities the motions of the vessel. When the vessel rolls to the right, the right foot should be pressed firmly down, and *vice versa*. The upper portion of the body does not then partake of the rolling motion of the vessel. The arms should be kept folded over the chest. Heller tried this experiment during a severe storm on the Mediterranean, and was the only passenger who escaped seasickness.—*Allg. Med. Zeitung*, 2, 1889.

CARBOLIC ACID NECROSIS.—The application of strong solutions of carbolic acid, it is well known, may produce local sloughing. A solution as weak as 2 per cent. may, when applied for a great length of time, produce serious results, especially when the fingers or toes are the parts to which it is applied. The watery solution of carbolic acid is absorbed through the intact epidermis, and acts as a specific poison on the nerves. The anæsthetic action of carbolic acid is well known, as it has long been used as a local anæsthetic in small operations. According to Kortum the vaso-motor nerves and trophic fibres succumb to long-continued action of the poison, hence the very slow healing after necrosis from carbolic acid. The necrotic manifestations appear very rapidly in females, children, and old people.—*Münch. Med. Wochenschr.*, 5, 1889.

HYPERTROPHY OF THE THYROID GLAND IN CONNECTION WITH DYSTROPHY OF THE SPLEEN.—Cardone publishes in *L'Osservatore* two interesting cases of the above complication: A woman, thirty years of age, living in a malarial country, suffered from the malarial cachexia in spite of all treatment. Her spleen was not only very much hypertrophied, but the right side of the thyroid gland was much enlarged. The same condition was found in another woman suffering from malarial cachexia and enlargement of the thyroid gland. Cardone considered that the function of the thyroid gland increased in the same proportion as the spleen became unable to carry on its own function, as both are hemopoietic organs.—*Med. Newigk.*, 3, 1889.

NUTRITION A CHIEF INDICATION IN THE TREATMENT OF MENTAL ALIENATION.—Sernal, of Brussels, believes that psychoses are often caused by diminution of nutrition. Any kind of treatment will fail until all the nutritive functions are brought into activity. For twenty years his observations prove that eight-tenths of all insane suffer from anæmia and diminution of hæmoglobine. Some asylums are regular factories for making incurable cases. Examination shows that in such institutions the food was of inferior quality and insufficient quantity. The diet in lunatic asylums must be of a reparative character, even to superalimentation. The drugs administered ought to be of a tonic character in order to repair the damage done by loss of nourishment.—*Semaine Medical*, 6, 1889.

DIGESTION OF INFANTS DURING DISEASE.—The green color so often seen in the stools of nursing infants is not caused by excessive acidity in the intestinal canal,

but, on the contrary, is due to an excessive alkalescence. No acid naturally found in the intestinal canal changes the yellow of the normal infantile stool into green. Stools already green cannot be changed into yellow by acids. This corresponds exactly with the reaction of bilirubin, whose presence in the stools gives rise to these phenomena. The contents of the intestinal canal of the healthy nursing have an acid reaction throughout the entire length of the tract. Even the normal yellow stool is intensely acid. The green color of the freshly discharged stool only shows that at some place in the intestinal canal a strong alkaline reaction is present, for a reformation of green into yellow can be excluded, even when the reaction of the lower portion of the intestines is acid. We thus understand why even green stools may have an acid reaction, though the reaction is always less acid than the acid reaction of the normal yellow stools. The following is the *modus operandi* for the intestinal contents becoming alkaline: Too copious ingestion of milk neutralizes the acidity of the gastric juice, or the mucous membrane of the stomach when in a morbid state does not secrete the normal quantity of acid. When such slightly acid or already alkaline contents of the stomach pass into the intestinal canal, the addition of the bile and pancreatic juice cause such an alkalescence that the bilirubine is changed into biliverdine. May not, therefore, acids be indicated in all such forms of digestive troubles?—*Jahrb. für Kinderheilk*, 23, 1889.

A CASE OF MURIATIC ACID POISONING.—A man drank by mistake some muriatic acid. The consequence was stenosis of the pyloric orifice and dilatation of the stomach. Mikulicz's operation was performed successfully. The patient died a few months later from phthisis pulmonalis, from which he had been suffering a long time. Examination of the contents of the stomach at the time of the operation showed that the mucous membrane of the organ secreted muriatic acid and pepsine as in health. The stenosis of the pyloric orifice was absolute. The stomach contained two and a half litres. After the operation the enormously dilated stomach returned rapidly to its normal dimensions, in spite of all teachings in text-books to the contrary. At the œsophageal orifice and other parts of the stomach there was not the slightest trace of canterization by the acid.—*Berliner Klin. Wochenschr*, 4, 1889.

GLYCERINE VERSUS OZÆNA.—Seidl, of Vienna, treated several soldiers who suffered from ozæna. They had completely lost the sense of smell, and the foul odor of the discharge infested the whole ward. Their nostrils were full of crusts. Twice a day he irrigated the nostrils with a solution of 2 per cent. chlorate of potash and 10 per cent. of glycerine. He also applied a tampon wet in a solution of one part of glycerine and two parts of water, and allowed it to remain *in situ* for one hour each time. All the cases were cured with complete restoration of the sense of smell.—*Semaine Medical*, 6, 1889.

THE NECESSITY OF EARLY OPERATION IN PERITYPHLITIS FROM PERFORATION OF THE VERMIFORM APPENDIX.—Perityphlitis appendicularis is a grave disease, especially on account of the frequent relapses, and every relapse may produce a fatal peritonitis. The ordinary treatment consists of rest and the administration of opium. When the peritonitis remains circumscribed and abscess forms, the latter may rupture spontaneously into a neighboring organ, or empty itself externally through the abdominal wall. When it discharges itself through the cœcum the patient generally recovers. When it penetrates into the thorax we have empyæma; when it penetrates the vena porta we have pylephlebitis; when it pierces the bladder a dangerous cystitis may develop. Absorption of pus happens only exceptionally in grown persons. Most cases of perityphlitis show a purulent focus around the appendix and cœcum. The most frequent cause of perityphlitis is a perforation of the vermiform appendix, and in most cases it is a fecal calculus that causes the perforation, after having lain dormant in the appendix for a long time. The question whether the appendix lies intra- or extra-peritoneal is of little importance on account of the usual adhesions. The peritoneum is nearly everywhere glued to the infiltrated cellular tissue. Only after carefully incising these adhesions does one reach the abscess without opening the peritoneum. Mahomed recommends that in these cases the incision made should be that usually performed for ligature of the external iliac artery. Often, however, a larger incision may be required. Many surgeons are in favor of ligating and extirpating the entire appendix. As indications for the operation may be considered: Pains beginning suddenly; lancinating pulsations, at first all over the abdomen, but soon localizing

themselves in the cœcal region; the leg is often flexed on the hip, and the patient walks in a stooping manner. Examination over the painful part must be made carefully to detect the exact focus of inflammation. Sometimes an examination per rectum is necessary. After thorough incision of the abscess a search for the fecal calculus must be made for the purpose of removing it. The usual drainage and washing out in such cases is necessary.—*Volkmann's Klin. Vorträge*, 331.

SKIN LESIONS IN THE COURSE OF RECURRENT FEVER.—Dr. S. Rona made observations in 174 cases of recurrent fever occurring during the epidemic of 1882–83. In 40 per cent. of them, herpes febrilis developed on the lips, angles of the mouth, *ala nasi*, and tip of the nose; in three cases, upon the forehead and eyebrows.

Marked roseola occurred seven times. The spots varied from the size of a millet-seed to that of a lentil, and differed in no respect from those found in typhoid fever. They appeared on the second or third day of the disease upon the abdomen, chest, the sides, and extremities in a scanty, irregularly-scattered manner. They were not elevated, and completely disappeared on pressure. At the first fall of temperature they became paler, and could no longer be seen on the first day that fever was absent. The cases presenting roseola were no more severe than usual. With the return of the fever they did not recur.

Hæmorrhages into the skin occurred in two cases, and were similar to those of typhus exanthematicus. In both cases severe symptoms were present. The hæmorrhagic spots disappeared on the first day that fever was absent, and did not recur.

Miliaria alba and rubra, mostly localized, were of frequent occurrence before the fall in temperature.

Miliaria crystallina, with large vesicles, was present but once.

Extensive, superficial erythema was frequently observed.

True icterus was present in two cases as a complication.—*Monatsh. für Prakt. Derm.*, Bd. I., January, 1889.

HERPES ZOSTER PRODUCED BY ARSENIC, PRESCRIBED FOR CHOREA MINOR.—Dr. Johann Bököi, Jr.: CASE I. A nine-year-old girl was attacked by zoster pectoro-dorsalis on the thirtieth day of treatment, after 157 drops of Fowler's solution had been administered. CASE II. A ten-year-old girl developed zoster pectoralis after forty-eight days of treatment with 150 drops. CASE III. A ten-year-old girl was attacked by zoster pectoralis on the fifty-fourth day, after taking 320 drops.—*Monatsh. für Prakt. Derm.*, Bd. I., January, 1889.

TUBERCULAR ULCERATION OF THE SKIN, by Maurice Vallas (*Thèse de Lyon*, 1887).—Four varieties of tuberculosis of the skin are recognized at the present time—in lupus, the scrofulo-tubercular papules, Riehl's tuberculosis verrucosa, and the tubercular ulcerations of the skin.

The last variety is characterized by its variable shape, its not precipitous edges, its granulation-covered base, and by being surrounded with tubercular granulations. Special attention is called by the author to the fact that violent pain is produced in these ulcerations by the slightest touch, particularly if they are situated near the outlets of the body. They spread peripherally rather than into the tissues; but, after the corium has become thoroughly disorganized, the tubercular infiltration can advance freely in the subcutaneous connective-tissue, and the ulcer produced then takes the shape of a funnel whose base is towards the surface of the skin. The ulcerations which are seated upon the thighs and legs, are longer than those of the lips and arms. The first sign of a tubercular ulcer consists either in the appearance of a hard, red papule which, later, degenerates into an ulcer, or a wound produced by a contusion, heat, or a cut, in which healing does not take place, but which constantly enlarges.

Tuberculosis of the skin is a rare affection. Vallas has seen but thirty-three cases, in thirteen of which the anal region was the site of the disease, and in fourteen the lips.

Visceral tuberculosis, generally of the lungs, precedes, for some time, the development of tubercular ulcerations of the skin.—*Monatsh. für Prakt. Derm.*, Bd. I., January, 1889.

OBSERVATIONS ON AORTIC ANEURISMS.—Dr. H. M. Biggs has made a careful study and record of thirty-two cases of aneurism of the aorta and two cases of spontaneous rupture of the aorta without previous dilatation, and concludes with the following suggestions:

1. That aortic aneurisms are more frequent than is usually supposed.
2. That rupture of aortic aneurisms and rupture of the aorta together form one of the most frequent causes of sudden death occurring without previous symptoms.
3. That very frequently, indeed, aortic aneurisms give no signs of their existence, or at least very indefinite ones, until rupture occurs.
4. That the comparative frequency of rupture of aortic aneurism as a cause of death has largely escaped notice because, in this country, this class of cases does not often come under observation on the post-mortem table. Death occurs suddenly, without previous symptoms, and without an autopsy is charged to heart disease or cerebral apoplexy.
5. That syphilis forms a large, and perhaps the largest, factor in the production of aneurisms of the aorta. This disease of the middle coat is perhaps often secondary to disease of the vasa-vasorum.
6. That when dilatation of the aorta occurs, in the large proportion of cases it follows disease of the middle coat, which is in the nature of a degeneration and not an inflammation.—*Amer. Jour. Med. Sci.*, March, 1889.

A NEW TREATMENT FOR PULMONARY HÆMORRHAGE.—Dr. R. A. Stirling narrates a case of profuse bleeding from the apex of the left lung, in which, after failure of the usual methods of treatment, he injected hypodermically $\frac{1}{16}$ grain of atropine, controlling instantly the bleeding. Repeating the injections every six hours for twenty-four hours, and thinking the stoppage might have been accidental, he omitted the treatment for twelve hours. This was followed by a free discharge of blood, which was at once controlled by the renewal of the treatment.—*Therapeutic Gazette*.

INFECTIVITY OF PHTHISICAL SWEAT.—Dr. Eugenio Di Mattai (*Bulletin Médicale*) has made several experiments to determine whether the perspiration of phthisical subjects (in which Seven, in 1884, found the tubercle bacillus) was infectious or not. In the first series of his researches he obtained the perspiration by simply scraping the skin with a bistoury. The adhering matter was deposited on a watch-glass, and then passed rapidly, three times in succession, through an alcohol flame, and then colored after the Koch-Ehrlich method.

These researches, made with the perspiration of eight phthisical subjects whose sputum contained the bacillus of Koch, and at different periods of the disease, proved that the perspiration of phthisical subjects (at least in these instances) contained micrococci of variable dimensions, bacilli similar to those of tuberculosis, and fragments of cells, etc. The deposits, when cultivated, gave rise to the development of two colonies of tubercle bacilli. Four rabbits, inoculated with these cultures, succumbed to tuberculosis. Of ten rabbits inoculated directly with the phthisical perspiration, which was introduced into the anterior chamber of the eye, eight developed tuberculosis.

With the second series the author proceeded differently, the perspiration being only removed after the strictest antiseptic precautions had been taken. The skin was first washed with soap and water, then with alcohol of ninety per cent., then with a sublimate solution of 1:1000, and lastly with sterilized water. The body was then thoroughly dried and a large watch-glass applied, wherein the perspiration accumulated; this glass was removed after two or three days. The experiments made with this perspiration gave results which were absolutely negative so far as the search for tubercle bacilli, the cultivation and the inoculation of animals were concerned.

From these experiments the author reaches the following conclusions:

1. The perspiration of phthisical subjects contains the bacillus of Koch, and is consequently infectious.
2. These bacilli are not eliminated from the body through the perspiration, but come from the sputum of phthisical subjects, and are suspended in the air and attached to the linen of the patient.
3. Phthisical subjects should not spit on the floor, and their wearing apparel should be disinfected before being handled.—*Medical News*.

EXTREME WEAKNESS AND CARDIAC DEPRESSION IN TYPHOID FEVER TREATED WITH COCAINE.—A case of a man with typhoid fever at the Pennsylvania Hospital is reported in whom the temperature ranged, during the first week after his admission, between 105° and 106° F. This was accompanied by great prostration and delirium, although there was never any well-marked eruption or diarrhœa, he hav-

ing but one or two doubtful spots and one stool a day or one in two days, partly-formed, and looking unlike the typhoid stool. In spite of frequent spongings and the administration of antipyrin (which they were to push on account of his weak heart), the temperature continued high, and though lowered somewhat by the treatment, the patient's condition gradually grew worse, his circulation failing, although freely stimulated, taking twelve ounces of whisky in twenty-four hours. Having had good results from cocaine in similar cases of failing circulation, he was given one-sixth of a grain of this drug every six hours for nearly a week. During this time his temperature steadily fell and did not rise again above 102°, his delirium gradually subsided, pulse gained in volume, and the first sound of the heart became distinct, and his condition generally improved. He took the cocaine for about twelve days, and at the cessation of fever it was discontinued, iron being substituted.—*Medical Register*, March 9, 1889.

SOME OF THE ABUSES OF ETHERIZATION.—Dr. G. F. Shrady read a paper on this subject before the Practitioners' Society of New York. The relative merits of chloroform and ether anæsthesia are not dwelt upon, and the author confines himself to the *abuse* of ether alone. Ether is looked upon as a safe anæsthetic, and hence often used too recklessly. The American method of administering it is characterized in England as the "drenching plan." This, added to the violence often used, frequently renders the method cruel. Patients complain of the immediate as well as the after-effects of such treatment. This forcible crowding of the ether is the foremost of the abuses, and besides an important factor in the production of shock, its only advantage being an economy of time. The lungs should be allowed to empty themselves gradually of their residual air by forced expiration, the cone being kept a little distance from the face until primary anæsthesia is induced. In this way respiration is easy, shock is diminished, fears are calmed, the stage of excitation is largely done away with, and the unpleasant cough and vomiting avoided to a large extent. When once the ether vapor occupies the lungs the anæsthetic can be given undiluted with air. The administration of the anæsthetic by inexperienced junior assistants, as is the custom, is to be deprecated, as well as the forcible and continuous pushing forward of the jaw, the rough pulling out of the tongue, slapping the face, pounding the chest, etc., on the slightest provocation. A moment's wait will be usually followed by a return of normal respiration. Among the accidents likely to occur may be mentioned bronchorrhœa, even though no lung trouble be present; the slow method is most likely to avoid and modify this condition. Vomiting is at times very troublesome, and cannot always be prevented. The stomach, if possible, should be empty, although the danger of food becoming lodged in the trachea is overestimated. The treatment for such a complication is simply to lower the head and turn it to one side. Any tendency to recurrence is prevented by deepening the anæsthesia. The unremitting and forcible pushing forward of the jaw to prevent a possible falling backward of the tongue is entirely unnecessary. It causes much after-pain, soreness, and annoyance that is entirely uncalled for; it is a good measure, but should be used only when called for. So, too, with traction on the tongue, it does less good than is generally supposed, the frænum and the anterior pillars of the palate limiting the action. It can only be useful when the tongue is curled upon itself or the sublingual muscles are very much relaxed. Simply raising the chin will usually accomplish the same object, and this may be supplemented by the forcible extension of the neck and head, as recommended recently by Dr. Howard, of London (See *HAHNEMANNIAN MONTHLY*, January, 1889, page 49). As a rule, as little ether as possible should be given, and the period of profound anæsthesia should be no longer than necessary; on the other hand, the patient should not be allowed on this account to suffer any pain. Patients who are addicted to alcohol are apt to be violent, and require a longer time and a greater quantity of the anæsthetic to induce sleep. A hypodermic injection of morphia, administered a few minutes before, will usually overcome this difficulty and prolong and intensify the effects of the anæsthetic. This method is of use in prolonged operations and in patients who, from repeated use, have become tolerant of ether. Among the unpleasant after-effects of ether may be mentioned "protracted nausea, persistent bronchorrhœa, headache, giddiness, suppression of urine, and choreic symptoms." That it is dangerous in albuminuria, in empyæma, and in some forms of heart trouble there is no doubt, but these dangers are all intensified by the heroic method of administration. Ether, while rightly considered a safe anæsthetic, undoubtedly has its dangers, and with these every surgeon of experience

is familiar. When dangerous symptoms develop the tongue should be straightened, the jaw pushed gently forward, and, if this is insufficient, the body inverted and artificial respiration tried. Nitrite of amyl may be of service, but the galvanic battery is useless, and probably does more harm than good. The author offers the following conclusions for discussion: (1) In commencing the administration of ether the gradual method is to be preferred. (2) Its employment allows the lungs to empty themselves of residual air, prevents coughing and struggling, and places the organs in the best possible condition to receive and rapidly utilize the ether vapor. (3) After the stage of primary anæsthesia is reached, the more pure the ether vapor the better the patient breathes. (4) The shorter the time of anæsthesia and the smaller the quantity of ether used, the less likely are the unpleasant sequelæ to occur. (5) The more evenly it is administered, the less shock to the patient. (6) Anæsthesia should be intrusted to experienced administrators only. (7) Many of the fashionable efforts to resuscitate patients are not only useless but harmful. (8) The minimum amount of force should be employed to restrain the muscular movements of the patient. (9) Mixed narcosis (ether and morphine) is often advisable for prolonged operations. (10) The utility of the galvanic battery in threatened death is yet to be proven. (11) The most trustworthy means of resuscitating desperate cases are artificial respiration, hypodermic stimulation, inhalation of nitrite of amyl, and inversion of the body.—*Medical Record*, February 23, 1889.

TUMORS IN THE CORPORA QUADRIGEMINA.—Nothnagel gives two symptoms, which he has never missed observing in any of his cases of tumor of the corpora quadrigemina. They are: (1) Ataxia or an oscillating gait; the function of firmness, in walking, lies especially in the posterior portion of the corpora quadrigemina. The front part of these bodies may be injured without producing this symptom. To describe this symptom more accurately, it may be said to be the ataxia of intoxication, in which the equilibrium, in walking, is disturbed, while the upper extremities are intact. (2) Paralysis of the oculo-motor nerves; the eyeballs are more or less immovable, the distribution of the paralysis is always more or less irregular; one branch of the nerve may be more affected than the other. In most cases the trochlearis and the abducens are also affected. The combination of these two symptoms indicates, in all probability, the existence of a tumor in the region of the corpora quadrigemina.—*Weiner Med. Presse*, 3, 1889.

THE INFLUENCE OF MENSTRUATION ON THE COURSE OF PHTHISIS PULMONALIS.—Daremburg, of Paris, comes to the following conclusions: In women with regular periods, menstruation, by causing congestive states in the lungs, may become the occasional cause for the development of phthisis, which without it would have remained latent forever, or at least for some time. Under the same circumstances, menstruation may, in cases of fully developed phthisis, arouse by reflex congestive states in the environments of affected places, or even in parts of the lungs which are still healthy, further increase of the disease, and lead to hæmorrhages or inflammation. When at the time for menstruation, the molimina which indicate ovulation appear, but without the flow, such congestions become more intense and dangerous. When the uterine as well as the ovarian function is suppressed, as during physiological or pathological menopause, the menstrual congestions do not amount to much. Of far more importance are the reflex congestions of the lungs appearing during the puerperium. Suppression of the menses never, of itself, produces phthisis, but phthisis may develop itself in women with menstrual irregularities. It is well, therefore, to watch carefully the state of the lungs during menstruation. At such times, every irritation of the nervous or vascular system must be quieted by appropriate treatment.—*Deutsche Med. Zeitung*, 1, 1889.

BILIARY CALCULI AND ALBUMINURIA.—Dr. Klinkert observed albuminuria in four patients suffering from biliary calculi. He believes that the cause of the albuminuria lies in the kidneys, and results from spasm of the renal arterioles produced by irritation of the sensory nerves of the biliary ducts.—*Med. Neuigk.*, 2, 1889.

CASE OF POISONING BY CAMPHOR.—Dr. Chadounsky, of Prague, reports the case of a woman who took at 10 P.M. an alcoholic solution of three grammes of camphor. Immediately afterwards she felt pressure in the head, but no burning in the mouth or stomach, and soon fell asleep. At midnight she awoke, walked

restlessly up and down in her room, complained of dizziness and heaviness in the head, uttered a piercing scream and fell into epileptiform convulsions. Her tongue was severely bitten. The doctor saw her at 2 A.M. and found her very pale, nearly unconscious, extremities cool and moist; her answers were slow and disconnected; the pupils were moderately dilated and reacted promptly; the pulse was small and 92; temperature, 35.4; respiration, 18; the expired air was strongly impregnated with camphor; no pain on pressure over the abdomen; vomiting of the milk taken, smelling strongly of camphor. After an emetic, which produced repeated vomiting, she had three hours' sleep. The next morning consciousness was clear, the abdomen was nowhere painful, and she had neither vertigo or headache. At noon she discharged 750 grammes of acid, murky, non-albuminous urine. The day following the pulse was 72 and the temperature 37. Pressure on the renal region gave rise to pain. On the fourth day she had severe pains over the left kidney, much increased by pressure. On the fifth day there was copious diuresis and the pain had greatly moderated. The microscopic examination of the urine showed a large quantity of leucocytes, some red blood corpuscles, and many degenerate epithelia.—*Wien. Med. Presse*, 7, 1889.

CONTAGIOUSNESS OF BRONCHO-PNEUMONIA IN MEASLES.—Beaujolin observed an epidemic of measles in which the cases generally ran a mild course; but when in one family or closely populated neighborhood, one case was attacked with broncho-pneumonia, others of a like nature were pretty sure to follow and the issue was often fatal.—*Lyon Med.*, 3, 1889.

SUSPENSION IN THE TREATMENT OF LOCOMOTOR ATAXIA.—Motchonowsky, of Odessa, was the first to broach the subject of suspension as a means of treatment in ataxia. Lately he wrote a treatise, wherein he showed the benefits resulting from such treatment in this and other nervous disorders. The whole treatment consists of suspension, the sittings (or shall we say hangings) at first being of a half-minute in duration and gradually increased to three minutes. The maximum sitting should not be over four minutes. The apparatus used for the purpose is that bearing the name of Dr. Sayre, of New York. Treatment every other day suffices, as no benefit accrues from the daily practicing of the suspension. Every fifteen or twenty seconds it is advisable to direct the patient to lift up his arms, in order that the traction exerted upon the vertebral column may be made more efficacious.

During the past four months Charcot has treated eighteen cases of locomotor ataxia with four hundred suspensions. Four of the cases must be eliminated from consideration as they soon discontinued treatment. In eight cases the results were remarkable, for some of them had been treated before by other methods and with very poor success. The amelioration showed itself first in walking. At first, this amelioration lasts but a few hours at a time; but after continued treatment it becomes more lasting. After twenty or thirty treatments Romberg's symptom disappears, followed by amelioration of the vesical troubles so often complained of by tabetic patients. Micturition becomes more regular, incontinence of urine disappears, and in some cases the vesical functions become normal. The fulgurant pains appear at longer intervals and are not so severe, and may even completely disappear. Finally, under the influence of suspension, sexual impotence, so often noticed in tabes, gives place to sexual feelings and desires. Onanoff, experimenting on healthy persons, has shown that suspension produces an exaggeration of the virile powers. In many cases the plantar anæsthesia passed off. In fact, the patient feels better, sleeps better and eats better. The longer the treatment is continued the more effectual are its benefits. Even after three months' treatment the patellar reflex failed to reappear and the pupillary symptoms persisted.

A girl, of thirteen years, had Friedreich's disease. Under the steady use of suspension, Romberg's symptom, titubation and trembling showed marked improvement; and she is still under treatment. In two neurasthenic and impotent patients the sexual functions were re-established. *Vice versa* a patient suffering from *sclerosis en plaques*, with considerable exaggeration of the patellar reflexes, was, after two suspensions, attacked with spasmodic paraplegia, which disappeared again after three days. More experimentation is needed to give this treatment its place; at any rate, it can do no harm and may benefit many a patient.—*Progress Med.*, 3, 1889.

TUMOR OF THE CHOROID AND CANCER OF THE STOMACH.—Gayet, of Lyons, reports a case in which the eye was extirpated on account of a tumor of the choroid. Histological examination showed glandular tissue with cylindrical epithelial tubes.

The patient at that time complained of gastric symptoms, which were at first attributed to the abuse of alcohol. Finally, cancer of the stomach was diagnosed, and of this he died. Though it is generally considered that tumors of the choroid are primary, still Gayet believes that the cancer of the stomach in this case was the primary affection, and the cancer of the choroid was secondary to it, for as soon as cancer generalizes, we find in the secondary tumors all the anatomical and physiological characters of the mother tumor.—*Lyon Med.*, 3, 1889.

ON THE RELATION BETWEEN CORYZA AND PTYALISM AND CERTAIN AFFECTIONS OF THE SEXUAL ORGANS.—Dr. Alexander Peyer relates in the *Münchener Med. Wochenschrift*, 2, 1889, several cases illustrative of this subject: The first one was one of severe periodical coryza and asthma, in which the patient acknowledged great excesses in venery and indulgence in alcohol. These excesses caused an irritability at the neck of the bladder. Treatment of the latter removed all his symptoms. The second case was that of a woman, æt. 21 years, with scanty and irregular menses and copious leucorrhœa, perhaps as the result of constant employment at a sewing-machine. She complained of excessive prostration, bad appetite, constipation, vertigo. Last winter she was suddenly taken with loud sneezing during the morning hours, followed through the day by fluent coryza and salivation, so that by evening she was exhausted. During the night she breathed freely through the nose. All her symptoms were worse during menstruation, but ceased on the appearance of the flow. The use of the sewing-machine was forbidden. For the neurasthenic state, the affection of the sexual organs was attended to with plenty of fresh air and good food, and health was soon restored.

Let us remember that there is a tissue in the mucous membrane covering the middle and lower turbinated bones and part of the septum nasi, which is nearly analogous to the erectile tissue of the penis. Under the influence of mental and physical irritation, a swelling takes place in those tissues by the intermediate action of the vaso-motor nerves and the sphenopalatine ganglion. Mackenzie teaches that in many women with healthy nasal organs the nasal tissues swell during menstruation, this swelling passing off at the cessation of the flow. He also believes that there is a vicarious nasal menstruation. The sexual *nixus* may give rise to profuse sneezing.

THE HOT AIR TREATMENT FOR PHTHISIS.—At a recent meeting of the New York Academy of Medicine, Dr. A. L. Stearne exhibited the apparatus devised by Weigert for heating the inspired air, and gave an account of the results that followed its use in the treatment of consumptives. It consisted of a stand supporting a double cylinder, covered with asbestos. The interior of the inner cylinder was heated by a Bunsen burner, so that pure air drawn in between the two cylinders became heated and at the same time disinfected. At the outset of the treatment, patients were made to inhale air at a temperature of 212° F. for thirty minutes. Gradually the sitting was prolonged to two hours, and the temperature of the air slowly raised to the highest point that the patient could endure without discomfort which was sometimes as high as 482° F., the following. 1. The pulse, at first slow, became faster, as the inspirations continued, and the respirations became deeper. 2. The body temperature rose at first, one or two degrees, but in the course of an hour sank to normal, the exhaled air having a minimum temperature of 113° F. 3. While the general health remained undisturbed, the difficulty in breathing was at once removed; there was lessening and finally cessation of the cough, fever and night-sweats, and the appetite and strength improved. The disease in time came to an end in fact; cavities underwent cicatrization; the weight increased rapidly; and the bacilli slowly disappeared from the sputa.—*N. Y. Medical Journal*, March 23d, 1889.

TREATMENT OF INGROWING TOE-NAIL BY TIN-FOIL.—After cleaning the diseased nail in a soap-bath and having dried it thoroughly, the whole nail is smoothly enveloped with tin-foil. A thin strip of tin-foil is pressed in on the side where the nail has grown in, or tries to grow in. These strips are kept in their place by a thin layer of yellow wax, so that on all places where the nail touches the flesh some tin-foil lies between them. Tin-foil acts not only mechanically, but the constant contact of these moist and granulating spots with a metallic foil containing iron, copper, arsenic, molybdenum, wolfram and bismuth, dries up the affected places in a few weeks and causes a more healthy state in the morbid nail. It is a great gain for laboring people that they are thus able to follow their usual avocations and it is only necessary to renew the dressing three times during the first two weeks. The feet must not be bathed during that time, but may be cleansed with dry wheat-bran.—*Allg. Med. Centr. Zeit.*, 9, 1889.

MONTHLY RETROSPECT

OF HOMŒOPATHIC MATERIA MEDICA AND THERAPEUTICS.

CONDUCTED BY

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MATERIA MEDICA.

APIS MELLIFICA AS A PROPHYLACTIC AND REMEDY IN DIPHTHERIA.—Dr. A. Worrall Palmer, in an article read before the New York State Homœopathic Medical Society, quotes several authors who mention *apis mellifica* as a medicine of considerable service in diphtheria: "Facts are accumulating which point to *apis* as a prime remedy in the disease. Drs. Baumann and V. Meyer, in Germany, Kallenbach, in Holland, and Jahr, in France, have concurred in esteeming it the best anti-diphtheritic we have, and my own experience points in the same direction. In the last case I had, I found it removed everything but the coryza, which yielded to *kali bichromicum*. The greatest prostration, faintness, and even tendency to death by syncope noticed in those stung by bees, show that *apis* has more than a local homœopathicity here" (Hughes). Dr. T. F. Allen said "that fully sixty per cent., and probably seventy-five per cent., of diphtheritic cases in the first stage present symptoms requiring *apis mellifica*." Dr. Carroll Dunham gave these indications: "Diphtheria, patches gray, greatly debilitated, puffy eyelids, and swollen feet, drowsiness." Dr. Neidhard said "that Dr. Fisher (Germany) treated twenty-two cases, some of them of a malignant form, with *apis* 200, without losing a single case." Jahr says of diphtheritic angina: "I formerly gave, with excellent success, belladonna, bryonia, baryta, and arsenicum, sometimes phosphorus; but since I have become acquainted with *apis mellifica*, I prefer this remedy to any other, and accomplish my purposes with it better than with any other remedy." Baehr quotes Baumann: "In a series of cases he gives only a single remedy from the commencement, and according to his statement he obtained by it marvellous results. This remedy was *apis mellifica*." Dr. Kallenbach's observations were: "When he gave his patients, in the epidemic which broke out at Hague, *apis* and *lachesis* in alternation, and afterwards wished to find out which of these remedies really effected the cure—he saw those of his patients to whom he gave *apis* alone recovered in three days instead of five; whereas those that received *lachesis* alone did not improve at all." Dr. McNeil's monograph has the following: "It is strange that this remedy should have been so often overlooked in this disease. Its chief points of action are like those of the disease in the throat, the urinary organs and the skin, and both are characterized by depression and torpor, while the characteristics of both so often agree." As authorities for the use of *apis* as a prophylactic, Dr. Palmer quotes Drs. Schwab and Neuschafer: "This medicine was employed by a number of physicians as a prophylactic." "During a malignant epidemic, *apis mellifica* 3 c. was efficient in most cases." "Apis, in connection with a gargle or inhalation (alcohol) operated as a prophylacticum." Hahnemann has said: "A remedy that quickly checks a disease in its onset must be its best preventative." Dr. Palmer then relates his own experiments and observations: "This drug was tested by myself, or under my supervision, in the out-door department of the college dispensary, in about fifty-three or fifty-five families, with the result of having but six duplicate cases, about eleven and one-half per cent. While before using *apis*, but employing the same hygienic measures as used after, I noticed that in almost seventy-five per cent. of the families there was more than one case.

Although there was a severe epidemic before experimenting, but no particular one since, yet I think the result quite satisfactory. Another fact to be remembered is that the cases from which these conclusions were drawn occurred only in dispensary and the poorest class of private practice where the apartments were very limited and the hygienic surroundings most undesirable. A number of cases in good surroundings have been excluded."

BISULPHIDE OF CARBON AND HYSTERIA.—Under this title Dr. Marie reports two cases. The first was that of a man 36 years of age; he was not addicted to the use of alcohol. He had been employed in a sulphide of carbon factory for seven months. Three months after his entrance into the factory he was seized with frightful nightmares; about the same time he noticed a slight weakness of the right leg and arm, to which he paid no heed. At that time he entered the Pitie hospital. His only complaint was a breathlessness on ascending steps.

Unconsciously to the patient it was ascertained that there existed a complete right-sided hemi-anesthesia, but there were a few plaques in which the sensibility was only obtuse. On the same side there existed loss of muscular sense as well as a paresis of moderate intensity, quite evident, however (the dynamometer in the right hand equalling 25 kil.). There was nothing characteristic in the gait. There existed a marked contraction of the visual field in the right eye, with a monocular polyopia and micropsia. Hearing in the right ear was diminished; there was no pharyngeal reflex and it was impossible to find any "hysterogenic" spots on his body. He had never had convulsions or loss of consciousness, but being very emotional he was subject to fits of violent temper, so that from the least annoyance he felt as though he must break something.

The second case was that of a man 63 years of age. He had worked a long time as an excavator. In 1872 he was in a carbon bisulphide factory, but was only occupied there intermittently, and returned at the end of some months to his former occupation. When the present accident occurred the patient had not been employed in the factory for four months.

The attack was precipitated in the following manner: While engaged in emptying a ditch containing carbonate of sulphur, he was violently affected by the fumes which were emitted and lost consciousness. He was later able to walk home. The following day there was a tingling sensation in the right arm; three or four days later paralysis occurred; the leg was not affected until a few days following the paralysis of the arm.

When the patient entered the hospital the next week, there existed an incomplete hemiplegia of the right side. He was able to walk, but was decidedly lame; the dynamometer in the right hand equalled 11 kil. The patellar reflex was soon slightly diminished, followed by loss of cutaneous plantar reflex. On the right side of the body was a superficial, profound hemi-anesthesia without complete abolition of the muscular sense. The hearing, taste, and smell of the right side were equally diminished. The visual field of the right eye was decidedly contracted, likewise polyopia, macropsia and micropsia. There were present persistent cephalgia and loss of pharyngeal reflex. The patient passed nights of violent nightmares, pursued by wolves and lions. His aspect was sorrowful, and resembled one greatly depressed. Sometimes, especially when a little agitated or when answering questions, the right side of the face was distorted, due to the existence of a hemispasm of the oculo-glossolabialis muscles.—*L'Art Medical*, January, 1889.

CLINICAL VERIFICATIONS OF SYMPTOMS OF BOVISTA, AGARICUS, BRYONIA, AND LILIUM TIGRINUM.—Dr. Flora A. Waddell relates several confirmations of well-known indications in a paper read before the Ohio State Homœopathic Society, 1888.

Agaricus 30 cured a patient who had suffered for eight years with chilblains. Symptoms: The toes itch and burn, and are red and swollen, as if frostbitten. Very severe every spring and fall. Two doses relieved entirely for two weeks. A slight return called for a repetition. Has had no return of the symptoms for over a year. Four other cases, with the same symptoms, were also cured by *agaricus*.

Bovista 30 and 200 cured a lady who had a debilitating diarrhoea before and during the menses for three years. The principal symptom that led to the study and selection of *bovista* for her case was that the scissors she used, or any other hard instrument, left deep marks in the skin. All her other symptoms were also covered by the remedy. The patient complained after taking the remedy that "for the last three mornings I awakened with such fearful cramps in my lower

limbs that I cannot stand it any longer. I have to rub and work with them a long time before I can get up, when it passes off until the next morning; then it is the same thing over again." Dr. Waddell found these symptoms under bovista, and regarded them as a proving of the remedy. There has been no return of the diarrhoea for four months.

Bryonia 45 m. relieved quickly, during the course of a pneumonia, the symptoms: "I cannot breathe, I cannot move, because of this pain in my lungs; every effort to cough starts the tears."

Lilium tigrinum 200 cured a lady who, for eight years, had suffered with a "rush of blood to the head, chest, and arms, so severe as to make life a misery; feet cold, and obliged constantly to move them, especially after lying down at night."

THE HEADACHE OF IRIS VERSICOLOR.—Dr. E. Blake uses iris versicolor considerably for headaches. His indications are: Frontal headache, white stools, diarrhoea. It seemed to have relieved so-called "thunder" attacks, i.e., electric vaso-motor disturbances of head and abdomen.—*Homœopathic Review*, January.

A RHUS TOXICODENDRON SYMPTOM VERIFIED.—Dr. B. W. Severance prescribed *rhus toxicodendron* to a lady patient who suffered from a severe pain between the shoulders "every time I swallow, whether I swallow anything or not," and cured the case in a few days.—*Medical Advance*, February.

A NAPHTHALIN SYMPTOM.—Dr. F. F. Laird gave to a case of cysto-pyelo nephritis *naphthalin* 2x trituration. The case was not benefited, but the medicine seemed to produce a verdegriis-colored seborrhœa of the scrotum, so thick as to be easily scraped off with a knife-blade.—*Trans. N. Y. State Hom. Med. Soc.*, 1888.

REMEDIES FOR RENAL COLIC.—Dr. Samuel Lilienthal, in the February *Medical Institute of Hahnemann Medical College*, Philadelphia, gives the following indications for several drugs in renal colic:

Opium.—Pressing, squeezing pains, as though something has to force its way through a narrow passage; shooting pains from different places into the bladder and testicles; vomiting of slime and bile; dysuria, with feeling of deathly sickness at stomach; face bloated, dark-red or sunken; hæmaturia.

Berberis.—Tearing, cutting pain in kidneys, down the ureters to the bladder and urethra, or shooting all through the pelvis and into the hips; testicle of affected side is drawn up, urine hot, dark or bright yellow or blood-red, with granular sediment; bruised, parietic sensation in renal region and small of back, worse while sitting or lying; bubbling sensation in various parts.

Arnica.—Agonizing pains in back and hips from passage of calculi; piercing pains as if knives were plunged into renal region; violent vesical tenesmus; chilly; inclined to vomit.

Calcarea Carbonica.—Aching in kidneys and lumbar region when riding; pressing on bladder, with frequent urging, passing very little; copious white, mealy sediment in urine; burning desire to urinate, with itching of the glands; aching in testicles, with spasmodic retraction.

AURUM MURIATICUM IN PELVIC CONGESTION.—With *aurum muriaticum* Dr. Allen cured a case of intense congestion of the pelvic viscera. The heat could be felt through the clothing and menstruation was delayed.—*N. A. Journal of Homœopathy*, February.

CYANIDE OF MERCURY IN DIPHTHERIA.—Dr. Beck, of Suisse, and Dr. Viller, of St. Petersburg, recommend cyanide of mercury, 2d or 3d trit., in diphtheria. Dr. Jousset employs belladonna ϕ , from 2 to 10 gtt. in 200 grammes of water, for dryness of the throat, one spoonful every hour, and cyanide of mercury meantime at intervals. He always obtained excellent results.—*L'Art Medical*, January, 1889.

A THUJA CONFIRMATION.—An "old sinner" who had had repeated attacks of gonorrhœa consulted Dr. B. W. Severance for "incontinence of urine." The desire came on suddenly, and he was not able to hold the urine an instant without grasping the penis; urine scanty and scalding; slight backache. Several remedies only partially relieved him. He finally declared he was "worse than ever," it seems as though a single drop at a time was running along. *Thuja* relieved him in four days, and he has been all right ever since.—*Medical Advance*, February.

NAPHTHALIN IN DISEASES OF THE URINARY ORGANS.—Dr. F. F. Laird quotes Hughes' indications for naphthalin: "Its sole physiological action, so far as observed, is irritation of the periphery of the urinary apparatus (*i.e.*, violent desire to urinate, reddening and tumefaction of external urethral orifice and edema of the prepuce), and an intoxication somewhat like that of carbolic acid, the face assuming a pale yellowish hue and the patient growing restless or lying as if stupefied by a narcotic." Dr. Laird recommends naphthalin in gleet, hæmaturia, and dysuria. He has found the drug useful in destroying the terrible odor arising from ammoniacal decomposition of the urine, as seen in paralysis of the bladder, chronic cystitis, *etc.*

EFFECTS OF DUBOISIA.—Dr. MacBride observed in a number of cases, under the influence of dubosia, that the patients would, in stepping over some slight obstacle, raise the feet and legs very high.—*N. A. Journal of Homœopathy*, February.

CURIOUS EFFECT OF OLEUM JECORIS ASELLI.—Dr. Allen "has a patient who cannot take cod-liver oil. Under its use she feels as though she were stepping high with every step; her head swims, and she is unsteady in walking. Even when Dr. Dunham prescribed cod-liver oil to this same patient years ago the effect was the same."—*N. A. Journal of Homœopathy*, February.

REMEDIES USEFUL IN PUERPERAL ECCLAMPSIA.—Dr. L. L. Danforth, in a paper read before the New York State Homœopathic Medical Society, gave the following remedies as likely to be of service in puerperal convulsions. We summarize some of the principal indications:

Veratrum Viride.—Spasms accompanied by high arterial tension. Spasms like electric shocks; twitchings and contortions of the body, unaffected by sleep. Congestion to the base of the brain, spine, and stomach. Especially adapted to the full-blooded. Froth about the lips, champing of the teeth, difficult swallowing. Ten drops of the tincture should be put in a half glass of water, and a teaspoonful of the solution given every half hour.

Glonoin.—Rapid heart action, cerebral congestion and spasms. Headache throbbing in character.

Apis.—Drowsiness. Scanty urine, high-colored and albuminous.

Gelsemium.—Spasms preceded by great lassitude, dull feeling in the forehead and vertex, fulness in the region of the medulla; head feels "big," heavy, with half stupid look; face deep red; speech thick; pulse slow, full. This remedy is indicated when labor is slow, protracted; rigid os uteri; albumen in the urine during pregnancy. At the beginning of labor, patient sinks into semi-stupid state, out of which she can be roused only by shaking. If an answer to questions can be obtained at all, it is spoken with a thick tongue, like one intoxicated. No labor pains, but os dilated and membranes protruding.

Belladonna.—Convulsions occur with every labor pain; red or livid countenance; dilated pupils; violent pulsations of carotids; jerking and twitching of muscles between the spasms; awaking suddenly and screaming aloud during sleep; grimaces, starts, cries and fearful visions.

Atropinum Sulphuricum.—Violent convulsions; deep red, distorted face; rolling eyes; gnashing of teeth; bloody foam from the mouth; bending in of the thumbs; throwing about the limbs; on remission stretching of body and deep sopor.

Aconite.—Cerebral congestion; hot, dry skin; thirst; restlessness; fear of death.

Hyoeryamus.—Spasms during labor, with twitching and jactitation of every muscle of the body.

Actea Racemosa, like gelsemium, is indicated when the os uteri is very rigid, and where the spasms are preceded by mental excitement, followed by languor and relaxation of the whole system.

Opium.—Spasms, beginning with loud screams; foam at the mouth; trembling of the limbs; tetanus; eyes half-opened and upturned; pupils large and insensible to light; stupor between spasms; face remains deep red and hot; pulse full and slow; anxious breathing; face purple.

THERAPEUTICS.

IGNATIA IN A CRYING CHILD.—Dr. H. J. Dionysius treated a little girl, three and a half years old, who had cried nearly all the time while she was awake since her birth. No cause could at first be discovered. Finally, the doctor found that

the mother, while carrying the child, had worried greatly about her husband, and, when she found there was no cause for fear, grew angry at herself and cried for a couple of days from "pure madness." *Ignatia* cured the child.—*Clinical Reporter*, February.

ARNICA IN SEMI-LATERAL HEADACHE.—A merchant, aged fifty, suffered from a semi lateral headache induced by jar. The pain always started if he accidentally brought his heel sharply to the ground. The tendency was removed by *arnica* 12 c.—Dr. E. Blake, *Homœopathic Review*, January.

SANGUINARIA IN OCCIPITAL HEADACHE.—Dr. E. Blake says that occipital headache, if associated with white stools and with bronchial irritation, is often relieved by *sanguinaria*.—*Homœopathic Review*, January.

AN IGNATIA HEADACHE.—Dr. Dudgeon related two forms of headache to which he was personally subject. Both he thought were brain headaches. One goes round the back of the head. The other is preceded by a zigzag wheel, with play of colors. When that goes to a great extent it numbs the intellectual faculties, e.g., he sees the words when reading, but cannot attach any meaning to them. The pain is never very severe, and is felt just over the right eyebrow. Both these headaches were cured in a short time by *ignatia*.—*Monthly Homœopathic Review*, January.

CEDRON IN NEURALGIA.—Dr. W. T. Laird reports the following case: "Neuralgia, involving principally the supra-orbital and infra-orbital regions, but at times extending over the whole head. The pain was described as a heavy pressure from within outward, aggravation from motion, partial relief from hot applications, affected parts sore and very sensitive to pressure, motion of eyeballs painful, heaviness of the lids. Attacks return periodically every noon, and last from five to seven hours. These symptoms had persisted for two weeks, and were gradually increasing in severity in spite of belladonna, gelsemium, mercury, magnesia phosphorica, and several other remedies. *Cedron* 3d was given in the evening immediately after a severe attack. On the next day the pain appeared at 2 P.M. and lasted four hours, but was less severe than usual. It then disappeared permanently."—*N. A. Journal of Homœopathy*, February.

LYCOPodium IN LEFT SUPRA-ORBITAL NEURALGIA.—J. J. R., aged forty, machinist, is exposed to the fumes of sulphur and to the influence of very noisy machinery, and had suffered since youth with weekly attacks of a pain, which, beginning at the left supra-orbital notch, passes to the right occiput. The attacks are preceded by shaking and a sense of terror, the pain beginning over the left eye, goes behind the orbit and to the right occiput. During the attacks the head feels as if it would burst (belladonna, china, capsicum, menispermum, natrum muriaticum, nux vomica, oleander). The pain is aggravated by heat, ameliorated by quiet and rest; thinks it is induced by the noise of the machinery (he neither drinks nor smokes). He starts in his sleep; memory impaired; spirits uneven; his pupils sluggish; distant accommodation slow; occasional diplopia; double hypermetropic astigmatism, marked on the left side; easily sheds tears; chronic nasal catarrh (sulphur in his workshop?); white-coated tongue in the morning; cheeks flushed after food; wind upward; fetid flatus escapes from the abdomen; left lobe of the liver occupies all the epigastric area; two stools a week; transverse colon stuffed with fecal matter; urine pale and frequent; palpitation after exertion; occasional sacral pain. Last year he had pains in the legs and shoulders. He cannot stand on either leg with the eyes shut. Pulse 80. All the evidences of spinal anæmia. He improved under *ignatia* 30, given night and morning, for one month; that is, the pains diminished, but did not cease. Under *lycopodium* 30, the headache, the palpitation, the constipation and backache disappeared. He continued the *lycopodium* 30 for seven months, and at the end of that time he appeared to be perfectly well. Next year there was a slight relapse, which soon disappeared under *chelidonium* ϕ .—Dr. Blake, *Homœopathic Review*, January.

SPIGELIA IN FACIAL NEURALGIA.—C. S., fifty-six years of age, had been treated unsuccessfully by the old school for six months. He then consulted Dr. Oscar Hansen. The patient complained of stinging and darting pains in the left half of the face, commencing under the left eye, going downward to the cheek-bone, where they were severest, and towards the left side of the nose, and further, radiant-like

and not so painful, down to the teeth of the upper jaw. Heat produced a decrease of pains, which came on both day and night, without exact intervals of peace.—*Spigelia* 6 cured in a few weeks.—*Homœopathic World*, February.

PLATINA IN REFLEX NEURALGIA.—Dr. Edward Blake, with *platina* 6c., removed permanently a well-established dental neuralgia, apparently resulting from endometritis.—*Homœopathic Review*, January.

CHAMOMILLA IN NEURALGIA OF THE INFERIOR DENTAL NERVE.—Dr. Edward Blake states that in neuralgia of the third division of the fifth pair, the inferior dental, *chamomilla* in the tincture or lower dilutions has given the most prompt relief to the greatest number of cases.—*Homœopathic Review*, January.

MANGANUM ACETICUM IN NEURALGIA OF THE TONGUE.—Dr. Oscar Hansen relates that following an ulcer on the tongue of a patient, which had been treated by lunar caustic by allopaths, a severe neuralgia supervened, preventing the patient from eating. Arsenicum, spigelia, rhus toxicodendron, mercurius solubilis, and other remedies failed. The symptoms upon which the perscription of *manganum aceticum* was based were: Burning pains, worse in the tongue, at night and when quiet; better when in the air. The *manganum* 6x led to an immediate improvement and speedy cure.—*Homœopathic World*, February.

THUJA IN NEURALGIC ALVEOLAR PERIOSTITIS.—A woman of 72 years consulted Dr. Robert T. Cooper for faceache, attended with much soreness after the pain had gone away; pains had occurred in paroxysms, with an hour's interval, for two months; unable to masticate food on account of the pain; side of the face sore when lying on it, and she then felt a throbbing in it; pains were also aggravated lying on the other side; pains extend all over the right side of the head; when violent it shoots to the opposite side; worse in a cold or very warm room; dares not venture into a draught; teeth decayed, and the pain shoots up from these, were equally violent sitting or standing; pains came suddenly and went as suddenly; sometimes they shot into the ear; attempts to read or think brings on the pains. *Thuja* 1 cured rapidly. Her teeth had not been attended to.—*Homœopathic World*, February.

SPIGELIA AND TABACUM IN EYE PAINS.—"Persistent pain in the side of the nose (infra-trochlear of ophthalmic, first division of fifth) should, especially if vomiting be present, suggest the possibility of glaucoma, when the question of prompt iridectomy ought to be considered. Pains behind the eyeball call for *spigelia* and *tabacum*."—Dr. E. Blake, *Homœopathic Review*, January.

GELSEMIUM IN DIPLOPIA FOLLOWING INJURY.—Dr. Criquelion, of Mons, reports the case of a woman, 68 years of age, who was struck in the eye. It did not result in ecchymosis, but three or four days later the vision became less clear, and reading was much more difficult. Several weeks later she noticed that the vision was not the same in each eye. Still later diplopia appeared; at the same time there was periorbital neuralgia. She was straining her eyes by reading a great deal with ill-fitting lenses; this was prohibited. Constipation complicated the condition. After the diplopia (complicated with constipation) had lasted three months, *gelsemium sempervirens* 6x was given. Eight days later the cure was complete.—*Revue Hom. Belge*, December, 1888.

RHUS TOX. AND ARSENIATE OF QUININE IN INFLAMMATION FOLLOWING EXTRACTION OF CATARACT.—In referring to the after-treatment of cataract operations, Dr. Charles M. Thomas says: "In event of inflammatory reaction, while other remedies are occasionally called for, I have for several years placed my almost sole reliance on *rhus tox.*; the symptoms calling for this remedy being those quite uniformly noticed when the case threatens departure from a normal heading, viz., œdema of the lids, hot gushes of tears from between the lids, and pain deep-seated through the ball and head. Later, the same remedy will still most frequently be called for when the iris and ciliary body are the seat of the inflammation; while in corneal involvement the arseniate of quinine has given me the greatest satisfaction."—*Jour. of Oph., Otol. and Lar.*, January, 1889.

SULPHUR IN PRE-NATAL EYE DEFORMITY.—Dr. Webster, before the Ohio State Homœopathic Society, related the following case: "A lady, a patient of mine, was delivered of an apparently healthy child; but when it was washed and dressed

we discovered that it had no eyes to see, but in their places were two snow-white balls, resembling white marbles, revolving in their sockets. I inquired for the probable cause of this, and learned that in the sixth month of her pregnancy she visited the State capital in company with her husband, and while there she spent part of a day visiting the blind asylum; and, after returning from that institution, she was powerfully affected about the manner the pupils and inmates were treated, and wept freely over it and the sad condition of the blind. When I inverted the eyelids, I discovered what had been a case of intrauterine inflammation, and I wish to state right here, in passing, that under the judicious use of *sulphur 3x*, the inflammation gradually subsided, and in a few weeks the blue began to appear in one corner of each cornea and gradually spread over the balls, the blank white at the same time disappearing, until at last her sight was restored; and she is now living in Columbus, a bright, beautiful young lady, of seventeen years, and no marks on her eyes except a slight nebula, almost imperceptible, over one pupil."

PHYTOLACCA IN BLEPHARITIS AND STYES.—Dr. W. P. Fowler recommends *phytolacca decendra* for blepharitis where the lids are much thickened, indurated, dark-red, tender to touch and somewhat ulcerated along the ciliary borders, when crusts accumulate in abundance. The lashes are of feeble growth, and in places entirely gone. The remedy is used locally as a cosmoline ointment, and internally in the *3x*. The Doctor also uses the same remedy in styes and in tarsal cysts.—*Jour. of Oph., Otol. and Lar.*, January, 1889

HYDROCOTYLE ASIATICA, DUBOISIN AND CINNABAR IN EYE DISEASES.—Dr. E. H. Linnell reports great relief from the use of *hydrocotyle asiatica* in a cicatrix of the right side of the nose as the result of a "chronic ulcer, presumably lupus." The cicatrix was inflamed and indurated, and by its contraction had distorted both lids of the right eye, drawing them "outward from the eyeball, leaving a cul-de-sac for the collection of tears and secretions at the inner canthus. The caualiculus of the upper lid was obliterated; that of the lower lid remained with dilated and everted punctum. The lachrymal sac seemed obliterated, as a No. 1 probe could not be passed into the nasal duct." There was marked conjunctivitis.

The Doctor also reports two cases of paralysis of the accommodation (post-diphtheritic) cured by *duboisin 6x*. In one case the pupils were of normal size, and reacted naturally to light; in the other case the pupils were dilated and insensible to the stimulus of light.

He has also found *cinnabar* useful when its well-known indication of pain commencing at the inner canthus and following the line of upper edge of the orbit is present.—*Jour. of Oph., Otol. and Lar.*, January, 1889.

MEZEREUM IN OTITIS MEDIA.—Dr. Houghton had a case of suppuration of the middle ear, with itching all over the back, aggravated at first by scratching, but the itching changed its place. *Mezereum 200* cured.—*N. A. Journal of Homœopathy*, February.

SULPHUR IN OTORRHOEA.—Dr. McNeil cured with sulphur c.c. and 500 an otorrhœa following diphtheria. The child had an eczematous eruption behind the ear, and disliked to have her toilet made.—*Homœopathic Physician*, February.

CALCAREA HYPOPHOSPHITE IN OTORRHOEA AND MALNUTRITION.—"Child aged five months; poorly nourished. Suppuration of middle ear, left, then right. The child was cross; discharge offensive, without any pain apparently; offensive dark diarrhœa. The trouble came on with teething. The child had a pinched look, and there was but little hope of raising it. *Calcarea hypophosphite 6th* was prescribed. The discharge stopped inside of a week, and in ten days the child was fat and flourishing."—Dr. Houghton, *N. A. Journal of Homœopathy*, February.

NAPHTHALIN IN HAY FEVER.—Dr. F. F. Laird says that "naphthalin is to hay fever what aconite is to a synochal fever, as near a specific as anything in medicine can be." He reports that he treated eighteen cases successfully with the remedy. One patient had suffered nineteen and another fourteen years. It suits best those cases having a marked asthmatic element. The remedy is employed in the *2x* trituration. Dr. Laird also employs naphthalin as a prophylactic against hay fever. In cases presenting marked tumefaction of eyelids and nose, with very excoriating lachrymation and coryza, naphthalin cerate is a valuable local adjunct, while in

marked irritability of the throat and in asthma the application of a two-per cent. spray will be found useful.—*Trans. N. Y. State Hom. Med. Soc.*, 1888.

MERCURIUS DULCIS IN DIPHTHERIA.—Dr. W. S. Searle prescribed *mercurius dulcis* 1x in a desperate case of diphtheria, with a subsidence of all symptoms in a short time. All the usual medicines had failed, and the supervention of a *grass green*, horribly offensive diarrhoea led to the prescription.—*N. A. Journal of Homœopathy*, February.

KALI NITRICUM IN DIPHTHERIA.—Dr. W. S. Searle treated a case of diphtheria unsuccessfully for a week, locally and internally. The patient then complained of a burning in the throat, as if hot coals were there. *Kali nitricum* crude, in water, was given, and the temperature dropped from 104° F., and the pulse from 120 to 80, and the membrane became detached. The whole trouble cleared up in twenty-four hours.—*N. A. Journal of Homœopathy*, February.

GLONIN IN ANGINA PECTORIS.—Dr. James K. Crook, in the December *Medical Investigator*, reports that in a case of double aortic lesion, in which compensation had been irretrievably ruptured, complicated by frequent attacks of angina pectoris (the attacks came on several times a day, and at night were especially severe), the only remedy that afforded relief was *glonoin*.

GLONIN IN CARDIAC IRRITABILITY DUE TO THE EXCESSIVE USE OF TOBACCO.—Dr. James K. Crook reports that T. B., male, aged seventy-one, an excessive user of tobacco, a habit he would not or could not discontinue, was greatly relieved of a severe palpitation by the administration of one drop of the centesimal alcoholic solution of glonoin three times a day.—*Medical Investigator*, December.

GLONIN IN CARDIAC IRRITABILITY.—"When this condition is caused by long-continued mental strain, or abuse of alcohol or tobacco, glonoin has in my hands proved one of the most valuable remedies we possess.—Dr. E. M. Hale, *Medical Investigator*, December.

KALMIA IN CARDIAC OPPRESSION.—Dr. Oscar Hansen, with *kalmia* 2x., cured the following symptoms, which had resisted numerous other remedies: "Pressing on the inner side of the sternum and in the region of the stomach; he feels better when sitting up, and then it seems as if something is pressed away from the sternum." He complained of palpitation, yet the pulse was regular.—*Homœopathic World*, February.

SPIGELIA IN RHEUMATIC PERICARDITIS.—Dr. Oscar Hansen had a rapid and satisfactory result in rheumatic pericarditis with *spigelia* 6.—*Homœopathic World*, February.

MERCURIUS IN CHRONIC BRONCHITIS.—Dr. Allen reports a case of chronic bronchitis, with a feeling of dryness and heat of mouth, and constipation; free, loose, expectoration, aggravated at night; throat always burned; on coughing, pain from front of chest to beneath left shoulder blade; perspiration on slightest effort. *Mercurius* 7th cured all except the burning under the sternum. Then came on salivation, and, with its disappearance, the case was cured.—Dr. Allen, *N. A. Journal of Homœopathy*, February.

ACONITE IN PERITONITIS.—Dr. Thomas Nichol was called in to treat a man of twenty-eight, suffering from peritonitis. He had been treated for eight days with morphia, and had been abandoned to die by his old-school physician. The patient was in a state of collapse. *Aconite* 3x trituration of the root saved the patient.—*New England Medical Gazette*, February.

MANGANUM IN MENSTRUAL TROUBLES.—Dr. George Royal, in the *United States Medical Investigator* for January, relates the case of a married woman, aged 31, slender and dark-complexioned, whose menses were *too frequent and scanty* (an unusual combination). The menses came on every three weeks, but lasted only about six hours. The flow was light-colored and watery. A dull headache, better indoors, and decidedly worse when walking outdoors was the only accompanying symptom. *Manganum* 6 ameliorated the first month, and cured the following period. The headache also disappeared.

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ON THE PHYSIOLOGICAL ACTION AND THERAPEUTIC USE OF MERCURY
AND ITS SALTS.

BY ALFRED C. POPE, M.D.*

LECTURE I.

THE use of mercury as a remedial agent in disease may be traced far back in the history of medicine. The Arabians appear to have been the first to have availed themselves of its powerful influence over animal life, and they used it externally to arrest parasitic growths. Rhazes, Avicenna, and others prescribed it for the same purpose. The Chinese have used it by inunction and fumigation for diseases of parasitic origin since 1075; and at a later period they prescribed it for syphilis, but always with great caution. (Huber on *Mercury and its Preparations*, N. A. J. Hom.) In the thirteenth century, we meet with it in English practice. Paracelsus was a strong advocate of its employment. From that time to this it has been one of the most generally and pertinaciously prescribed of drugs. Armstrong, the leading authority on fevers of fifty years ago, regarded bleeding as the left and mercury as the right arm of medicine. Sir Thomas Watson describes it as being "next to blood-letting as a remedy" in "serious inflammations of various kinds." In syphilis it was used, not only almost universally, but lavishly. Abernethy did much by his seeing "disordered liver" in most people, and by looking upon "blue pill" as the remedy for "disordered liver" in all, to popularize the use of this drug, to lead all and sundry to expect to receive it as, at any rate, an item in a prescription, wheresoever and for whatsoever they consulted a physician. Hence we cannot marvel

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that an enormous amount of pain and misery has in the not very remote past been due to the administration of this drug, especially when we remember that, in syphilis and inflammation, it was held that it was but inadequately taken if the gums were not "touched;" while not a few regarded profuse salivation as essential to its efficiency. The late Professor Miller, of Edinburgh, was accustomed, in his lectures, to refer to "that dread triumvirate, mercury, pox and scrofula."

Nowadays, we hear but little of mercurial salivation. While it was in syphilis that mercury was most energetically and profusely administered, we are assured by Dr. Ringer that "the firmest believers in the efficacy of mercury in syphilis are now unanimously agreed, that to give it in quantities sufficient to produce salivation is not only undesirable but pernicious."

The action of mercury upon the tissues and organs influenced by it is alike powerful, penetrating, and enduring. Rightly used, it is, therefore, a substance of great value in the practice of medicine. The researches into its action upon healthy persons are numerous, and the salts which have thus been studied are various. Proving has been made, and results of poisoning have been derived from the metal, its acetate, the mercuric chloride or bichloride, the mercuric cyanide, the mercurous chloride or calomel, the proto- and biniodides, otherwise termed the mercuric and mercurous iodides, the mercuric sulphide or cinnabar and the mercurius solubilis of Hahnemann—a black oxide with a variable amount of nitric acid and ammonia. The scientifically correct name of this preparation is dimercurosammonium nitrate. This mercurial salt was first described by Hahnemann in 1788 in a work entitled "*Instructions for Surgeons respecting Venereal Diseases, together with a New Mercurial Preparation.*" He gave to it the name of soluble mercury, because he says, "it is completely dissolved in all animal and vegetable acids, and in water impregnated with carbonic acid; also in the gastric juice with great speed, as every practitioner may observe from the rapidity with which it causes mercurial fever." It rapidly acquired popularity with the profession in Germany, was accorded a place in the *Pharmacopœia* and is, I believe, still widely used in Hahnemann's native country.

Some of the most valuable of the observations respecting the pathogenetic properties of the metallic mercury have been made amongst workers in it. Though generally supposed to be inert when swallowed in large quantities, when vaporized, and consequently absorbed in small, indeed, infinitesimal particles, it is as

active a disorganizer as most of its salts. Hence, Christison thought that it became oxidized before being inhaled. Buchner, Orfila, Pereira, and others, believe that, in the finely divided state in which it exists as vapor, metallic mercury is itself poisonous.

The proving of *mercurius solubilis* is by Hahnemann and is a very elaborate one; that of the bichloride is by Buchner; for additional information regarding it we have drawn upon the numerous cases of poisoning by it, recorded in the medical journals. Our knowledge of the cyanide has been derived from cases of poisoning; of the iodides, from provings instituted by Dr. Lord and Dr. Blakely, of New York; and of cinnabar from those conducted by Dr. Neidhard, of Philadelphia. A full record of these, and also of some short provings of other mercurial salts are to be found in Allen's *Encyclopædia of Materia Medica*. In addition to the study of these, I would commend to attention the very valuable and exhaustive essay on mercury, by the late Dr. Huber, of Vienna, a translation of which appears in the *North American Journal of Homœopathy*, commencing with the November number of the year 1881.

A considerable degree of similarity exists between the disturbances of physiological action produced by the vapor of the metal and those arising from its salts. At the same time, a tissue which is somewhat influenced by one form of the drug may be and often is much more so by another. For example, in every form it acts upon the throat, but *m. vivus* produces simple ulceration of the mucous membrane; *m. solubilis* ulceration with pain when swallowing; the *proto-iodide* digs more deeply, as it were, and with ulceration of the surface gives rise to inflammation of the follicles; the *biniiodide* again goes as far as this and farther, producing swollen tonsils also; the *bichloride* renders the throat of a darker-red color than the other salts, and the pain is more burning; while the *cyanide* gives rise not only to inflammation and swelling of the throat, but to the development of white patches of a tenacious quality, resembling the diphtheritic deposit.

Before entering into details, I will endeavor to describe the general action of mercury. The influence of mercury is alike rapid in making itself felt, wide in its area, and profound in degree. Maysuçon and Bergeret (quoted by Huber) found, that after a single dose of one centigramme of sublimate, quicksilver appeared in the urine within twenty-four hours, but that none could be found on the second day. From continued daily use of the same quantity for ten or twelve days, quicksilver was found in the urine during the whole time, and from two to five days after ceasing to take it. With

animals, into whom the sublimate was hypodermically injected, quicksilver was found after half an hour in every organ, but mostly in the liver and kidneys. Elimination by the urine in non-fatal cases continued about four days.

The profundity of this influence is especially seen in the alteration in the blood of persons taking it. The red corpuscles have been shown to be diminished, some observers have stated them to be so to the extent of a third of their normal number; the fibrin loses its plasticity, coagulation is less firm, serum is increased, and effete matters are not eliminated. As the result of these changes, we find fever of the hectic type and congestion of the glandular structures. The salivary glands become swollen and tender, and their secretion largely increased in amount, and deteriorated in quality. The liver and kidneys are also congested. Its effects are early seen on the mucous membranes. That of the mouth, gums and pharynx, swells, becomes sore and finally ulcerates. The teeth are loosened, the breath becomes offensive, and the taste is usually described as coppery. The epigastric region is tender on pressure, and pain—especially after the bichloride—is often severe. Diarrhœa and dysentery, together with a greater or less amount of abdominal pain and tenderness, indicate the degree of inflammation of the bowel which has been set up by it. Erythema, papular and pustular eruptions, and ulceration mark its action on the skin. The periosteum and subjacent bone structures, especially those of the long bones, the bones of the nose and palate become the seats of inflammation and subsequently of caries or necrosis. The nervous system also suffers, as is evidenced by the mercurial tremor or paralysis, the loss of memory, sleeplessness and, in some instances, delirium and convulsions. Finally its depressing influence on nutrition is seen in the pale and wan complexion, the debility, amounting in some cases to prostration, the tendency to fainting, the irritable and easily-compressed pulse, with palpitation and slight anasarca, the mental depression and irritability which all sufferers from mercurial poisoning exhibit in a greater or less degree.

Halfort, quoted by Dr. Huber, says: "The necroscopic investigations of workers in mercury have yielded no constant result. In the majority of cases the intestinal mucous membrane has been found congested, and with traces of local inflammation. In some cases the liver and spleen were enlarged. In the brain and spinal cord there were now and then traces of inflammation and softening. When death was preceded by long-continued paralysis or tremor,

there was atrophy of the muscles affected ; when they had succumbed to an attack of asthma, the lungs were found filled with reddish serum. Laryngitis and phthisis mercurialis presented the usual morbid appearances of these affections." It would seem that in their earlier history the liver and kidneys of the subjects of mercurialism are swollen and congested, but, as the poisoning spreads over some years, these organs become atrophied, though not to any great extent. The lymphatic glands are indurated ; the teeth and their alveoli, the jaw and other bones are found carious.

The gastro-intestinal mucous membrane is much less frequently altered in character when mercurial fumes have been the source of the poison than when one of the salts of the metal has been taken. When death has occurred from the bichloride, the pharynx, tonsils and uvula are usually swollen and injected ; and when life has been prolonged for some days these parts are commonly ulcerated. The lower third of the œsophagus is congested, and becomes increasingly so as the stomach is reached. This organ is brick-red externally and dark-red and thickened internally. The mucous membrane is often destroyed in patches of ulceration, and, when a considerable interval has elapsed between the taking of the poison and its fatal consequences, perforation has been noticed. The duodenum and small intestine are inflamed, as is also the large intestine, especially in its lower part, the rectum often showing gangrenous spots. The liver is generally turgid with blood, the kidneys are inflamed, and deposits of pus have frequently been found in their pelvises.

Such are the most frequent results of mercurial poisoning from one preparation or another. In some cases the action of the drug is more pronounced in one direction than it is in others.

I now proceed to deal with mercurial poisoning in detail. And first of all, let us examine the kind of febrile excitement set up by this drug.

Under its influence, a sense of chill pervades the body, especially in the open air. Frequent paroxysms of fever, consisting of general flushes of heat, and frequently recurring chilliness and shivering mark its course. Hahnemann describes the following group of symptoms as arising from his experiments with *mercurius solubilis* :

"Fever: At first heat and redness of the face, and a sensation of heat over the whole body, especially in the palms of the hands, without externally perceptible warmth, then alternations of internal chilliness, which obliged him to lie down; a shaking chill lasting into the night, and even with this chill a sensation of heat in the palms of the hands with icy coldness of the tips of the fingers."

The perspiration following such an attack is profuse and easily excited. It mostly occurs at night, and is often remarked as being sour and offensive in smell.

Fever of this type bears a close resemblance to the hectic which accompanies wasting diseases, such as phthisis and abscesses, and is in many points like that characteristic of acute rheumatism. In the East and West, Indian fever called Dengue, after comparing the symptoms of it with those produced by mercury, Huber says that in some of the milder cases this drug will be indicated as a suitable remedy.

Despondency, restlessness, irritability and, ultimately, apathy express the phases of mental disturbance provoked by mercury. It has not been much used in the treatment of mental disease, but deserves more careful study in relation to it. Dr. Talcott, of the New York State Asylum at Middletown, records a case of melancholia in a married woman in which mercury was the only medicine given during her nine weeks' residence in the asylum, and her recovery was complete. Like most patients of the kind, she had long suffered from sleeplessness caused, in the first instance, by business worries and increased by domestic trials.

In the first volume of *St. Bartholomew's Hospital Reports* appears an account of the cases of two men to whom the inhalation of the vapor of mercuric methide proved fatal, to one in eleven days and to the other within a year. Dr. Edward Blake drew attention to these cases in the twenty-ninth volume of the *British Journal of Homœopathy*, and argued from them that even in so apparently hopeless a disease as acute dementia, it seemed possible that advantage might be derived from prescribing this mercurial preparation.

We must remember that it is from exposure to the vapor of metallic mercury, rather than from taking any of its salts, that symptoms similar to those of mental disease have arisen. The following group of symptoms quoted by Allen from the *Annales d'Hygiène* (1841) occurred in one of two girls exposed to the vapor arising in the distillation of mercury.

"Intellect very weak; shows every mark of imbecility; smiles foolishly; screams constantly, without apparent cause; can speak only a few disconnected words; does not seem to understand the simplest questions, yet appears to know her sister with whom she plays, and repeats a few syllables of what the latter has said to her."

The loss of mental power is a very common result of working in mercury.

Hence in the earlier stage of mental weakness, especially when this is a sequela of some fever, mercury may be hopefully prescribed. The best form in such a case is the well triturated metal—*m. vivus*.

In many cases of meningitis, after the acute symptoms have subsided, mercury will be found indicated, and will materially assist in promoting complete recovery. Vertigo, more or less constant, with severe pain in the head; a constant rotatory motion of the head when lying on the pillow, together with mental confusion, are symptoms which, *cæteris paribus*, call for it. The forms of headache in which mercury is indicated are periosteal (*m. vivus*), catarrhal (*m. solubilis*), and hepatic (*cinnabar*). The character of the head-pain is constrictive; it gives the sensation of a tight band being bound round the head, and is either limited to, or much aggravated during, the night. The frontal headache is pressive and tearing, and relieved by the pressure of the hand. "Cinnabar corresponds more to the congestive state than all other mercurial preparations, sleepiness in the day-time predominates; the cinnabar headache differs from that of *m. solubilis* by its frequent appearance on the right side, which is opposite in the latter, also by going from without inwards." (Huber.)

The cerebro-spinal symptoms of mercury—the well known tremor and subsequent paralysis—resemble both paralysis agitans and multiple sclerosis of the cord. The former occurring chiefly in persons advanced in life, rarely admits of being relieved by medicine. If any medicine can contribute any advantage to a case of this kind, it may be more surely expected from mercury than any other drug. In multiple sclerosis, at any rate in its early stage, *mercurius vivus* may be of some benefit.

Neuralgia of the fifth pair is a well marked symptom of mercurialism. It has been most frequently observed in the manufacturers of mirrors, as the result of poisoning with corrosive sublimate, and of over-dosing with calomel. Huber gives the following well-drawn picture of mercurial neuralgia:

"Mercurial neuralgia rarely begins suddenly, but generally develops gradually in the following manner: To the place which is the seat of the neuralgia the patient feels first a slight drawing, which soon subsides again, returning in a few weeks; thus gradually forming shorter intermissions, and finally appearing as fully developed nerve pain. These pains are drawing or tearing, are rarely confined to one spot, but generally appear in several portions in the course of an affected nerve. The pains intermit without assuming a definite type, particularly in protracted cases, the pain skips from one nerve to another, especially during great fluctuations of atmospheric pressure. A slight exposure to draught, over-heating, mental emotion, slight touch of the affected part, a slight physical exertion, are sufficient to call forth a violent attack. Such

patients are able to endure dry warmth and dry cold. Dampness produces an attack at once. When ordinary people seek the shade at 94° F., the subjects of mercurial neuralgia delight to expose themselves to the heat of the sun. At night such patients are generally quiet, digestion as well as secretion and excretion are commonly natural. Fever was never observed in connection with mercurial neuralgia, which is one of the most obstinate disorders, and often torments a patient for years."

To this I would add that the pains, sudden in their onset, darting and acute in character, are chiefly felt in the zygomata and malar bones. In neuralgia presenting such features as these, particularly when catarrhal, rheumatic or syphilitic in its origin, *m. solubilis* is generally a speedily acting remedy.

Passing from the neurotic action of the drug, I shall next consider its irritant influence upon the structure of the eyeball, nose, mouth, and abdominal viscera.

While all preparations of mercury excite more or less irritation of the conjunctiva and cornea, none does so more powerfully than the bichloride, or mercuric chloride, as the ever changing nomenclature of scientific chemists now describes the corrosive sublimate of our fathers. The symptoms it evokes in the eyeball are more striking and suggestive than numerous or varied. The eyes become red, glistening, bloodshot. Pain in them is severe, dry, and burning; the lids feel hot and tearing; the conjunctiva is deeply injected; severe pain is felt at the back of the eyeball; photophobia is present; objects seem smaller and more distant than usual. The symptoms resulting from *m. solubilis* are similar but less severe. Kussmaul (*Untersuchungen u. d. Constitutionellen Mercurialismus*), quoted by Allen, in detailing the effects of mercury upon a hundred workers in that metal in Erlangen, describes keratitis, scleritis, chronic conjunctivitis, with a fine rosy-red injection around the cornea, atheroma of left central artery of the retina, weakness of vision, rendering the reading of No. 7 test-type a matter of difficulty, and flickering before the eyes as among the results arising from it.

Therapeutic deductions from these symptoms have led to the successful employment of mercury in strumous conjunctivitis, scleritis, keratitis and its too frequent consequence, ulceration. It is also prescribed in iritis. The only occasions on which anything like iritis has been produced by mercury have been when, having been given in syphilis, the patient has been exposed to cold or wet. To attribute the iritis exclusively to the mercury under these circumstances is somewhat of the nature of a gratuitous assumption. Then, again, we have clinical justification for prescribing mercury here.

But it must be remembered that all therapeutic results have been vitiated, so far as therapeutic conclusions are concerned, by the universal instillation of atropine at the same time as the mercury is taken internally. To which medicine, it may be fairly asked, was the cure due: to the atropine or the mercury? We may "think," but we cannot "know!" "As soon as the nature of the disease has been detected," writes Dr. Norton, of the New York Ophthalmic Hospital, "a solution of atropine should be instilled strong enough to produce the desired result, and when the dilatation is complete, we should endeavor to keep it so by a continual application of the mydriatic." Excellent practice, no doubt; but at the same time a therapeutic measure that effectually debars us from being able to estimate the extent of the share in the resulting cure which is due to the internally administered medicine. At the same time, in syphilitic iritis, mercury may well be given, and in such cases Dr. Norton lays especial stress on the superiority of cinnabar over other forms of the drug.

In strumous conjunctivitis, sclerotitis, keratitis, as well as ulceration of the cornea, mercury, particularly its bichloride, is a remedy of supreme importance.

The following case, which came under my care in the course of dispensary work in 1854, illustrates the usefulness of this medicine in cases of this kind:

Mary R—, æt. 52, came to the dispensary on the 9th of May. Six weeks since, during an attack of influenza, the right eye became highly inflamed and has been gradually getting worse. On examination, the sclerotic and conjunctiva are seen to be intensely injected; the cornea is dim and suffused; the eye feels sore and as though sand were between the ball and lids; the least light excites great pain; there is considerable lachrymation, particularly during the night.

Presc.: R P. merc. corr. 3x, ter in die sumend.

May 23d (a fortnight later). The inflammatory appearances have nearly subsided. The eye aches on exposure to light, but the sense of burning heat has nearly gone. The same medicine was continued during another week, when the eye appeared healthy, though aching a little.

In the *British Journal of Homœopathy* for 1864, Dr. Kidd reported a case of strumous keratitis with ulceration which shows the value of m. corrosivus in this form of ophthalmia. The patient was a girl ten years of age, feeble, thin, and scrofulous looking; the corneæ of both eyes were opaque and covered with ulcers. Vision was quite indistinct, so much so as to render the child scarcely able to find her way across the room. Intense photophobia

existed with profuse lachrymation. She had been a patient at Moorfield's Hospital for six months, taking rhubarb and carbonate of iron during the whole time, and getting gradually worse throughout. Without making any special change in the child's diet or habits, Dr. Kidd gave her *m. corrosivus* 2x, one drop four times a day. The effect, he writes, was both rapid and well marked. The ulcers quickly healed, the opacity of the cornea lessened, and in a fortnight all traces of ophthalmia had gone and the sight was restored. Slight opacity of the cornea remained, but there was none in the field of vision; digestion and the general health were now perfect. Between the medicines prescribed at the hospital and the disease there was no connection, no relation. Between the disease and the action of the mercury there was a very distinct relation, and that relation was a homœopathic one.

All preparations of mercury irritate the ear—particularly the middle ear. The corrosive sublimate does so most acutely. The ears feel stuffed, pulsation in them is violent; there is felt a sticking pain in the middle ear, with roaring and whirring sounds. Very similar, too, are the sensations produced by the *iodide*. *M. solubilis* gives rise to a sense of stoppage in the ear, with roaring; sticking pains, and ultimately purulent discharge with deafness. *M. vivus* again causes difficulty of hearing with roaring.

In otitis, especially when the pain is aggravated during the night, or when it is described as tight and aching over the temporal bone, mercury has been successfully used.

In many instances of that troublesome and wearisome condition which, arising as it does from so many and such various causes, is commonly described by its subjective effect, in many cases of *tinnitus aurium*, mercury is clearly homœopathic. It is of most value when the roaring is due to pre-existing inflammation of the ear.

In chronic inflammation of the tympanum, when "the external canal is generally moist with an excess of cerumen, the membrane reddened and thickened and moves very little, when the pneumatic speculum has been used, there is coarse tinnitus, dulness of hearing, and a stuffed-numb feeling in the ear, *mercurius corrosivus* is," writes Dr. Winslow (*The Human Ear and its Diseases*), "one of the best remedies."

In chronic-purulent inflammation of the tympanum, mercury is also a medicine of importance. "For recent and severe cases," says Dr. Winslow, "I have found *m. corrosivus* most efficient. In those of slower progress with plastic exudation and hypertrophy, which it

is desirable to remove, the *m. iodidus* is better. For mild cases without any tendency to hypertrophy or destructive ulceration the *m. solubilis* is efficient, and is the most suitable to administer in powders."

The symptoms which mark the action of mercury upon the nose indicate, in the first place, inflammation of its mucous membrane; and, secondly, caries of its bones. Fulness and stuffiness of the nostrils producing complete obstruction and thin free discharge, with sneezing, which with the chilliness, aching in the limbs, and constrictive headache,—also the result of mercury,—form a group of symptoms accurately resembling a fully-developed nasal catarrh, or cold in the head. In this condition, when the period during which aconite would have checked it has passed by, and before that of weariness and exhaustion, where arsenic is so useful, has arrived, there is no more valuable remedy than *m. solubilis*.

Penetrating more deeply into the system as a vapor, the mercurial crasis thus established sets up inflammation of the palatine and nasal bones (Huber). Dr. Winslow's description of the cases to which mercury is homœopathic in this sphere is a very good one. He advises it "when the mucous membrane is pale, gray, flabby, ulcerated, and bleeds easily, and the nostrils are scurfy and sore; the nasal bones are tender, the eustachian tube filled with mucus; the throat slimy and the mucous discharge grayish, fœtid, and metallic." (*Op. cit.*, p. 398.)

In all cases of this kind, care must be taken to ascertain whether this drug has not, at some time or other, been taken so as to have been itself the cause of the evil it is desired to cure. If the patient is suffering from chronic syphilis, suspicions will be aroused, and then nitric acid will be called for; or, if caries has very far advanced, aurum muriaticum may be required.

It is on the tissues of the mouth and pharynx that the most striking and best known effects of mercury are seen. Under the influence of this drug, in almost any form, but especially under that of the vapor of the metal or the internal exhibition of the corrosive sublimate, the lips become swollen, sore, hot, dry; ulceration is set up at the junction of the upper and lower lips; the gums swell and separate from the teeth, bleed readily and frequently ulcerate; the teeth loosen and become extremely sensitive to cold air, when, as also during eating, they ache considerably. The toothache, characteristic of mercurial action, is jerking and throbbing; the pain extends along the lower jaw to the ear and from the teeth of the upper maxilla

to the head ; the gums are generally swollen and tender. The buccal mucous membrane in mercurialism is livid, swollen, and ulcerated. The secretion of saliva, which becomes acrid, tenacious, and offensive, is greatly increased. The breath has a peculiar and disagreeable odor. Taste is very variously perverted, having been described as brassy and metallic, sweetish, sourish, salty, and putrid. The mercurial tongue is large, swollen, coated with white or yellowish-white fur, and its margins are dentated ; it is also often painful, the pain being described as burning, and as though pins were sticking into it. The throat is dry, there is some difficulty in swallowing, but at the same time the constantly accumulating saliva creates the desire to swallow. The anterior part of the throat looks slimy, the posterior feels dry. A pressure, as though something were sticking into the throat, has also been felt. The uvula and tonsils are swollen and ultimately suppurate. Externally the parotid and cervical glands are swollen, and the seat of burning and sticking pains. The jaws, too, feel swollen, painful, and stiff.

In the first place, these symptoms suggest the employment of mercury in non-membranous stomatitis, a low form of swelling of the buccal mucous membrane with ulceration ; and also in cancrum oris, in its early stage. In these cases the corrosive sublimate is the best preparation to use. In caries of the teeth, when pain is acute and darting, and throbbing, when there is an abscess at the root commencing, a dose or two of *m. solubilis* will often give immediate relief and postpone, for a time, the necessity for the forceps.

In inflammation of the tonsils, attended by a thick slimy discharge from the follicles of the enlarged glands, the iodides of mercury are of great service. The proto-iodide is preferable when ulceration is excessive, while in those cases where the enlargement of and pain in the tonsils are the prominent features, and there is a thick slimy discharge with comparatively little ulceration, the biniodide is the more useful. In acute tonsillitis, after aconite has reduced the febrile excitement and belladonna the intensity of the local inflammation, but when the tonsils remain swollen, pale in color and threatening suppuration, *m. solubilis* has, times without number, reduced the swelling and removed all danger of suppuration.

In many cases described as diphtheria, the iodide of mercury has proved useful. The late Dr. Newton, in detailing some cases in the *M. Homœopathic Review* (vol. xiv. p. 411), describes it as being "useful in those cases where the deposit is limited, feebly organized, and attended with great gastric, hepatic or intestinal derangement."

The true diphtheritic deposit can scarcely be said to be "feebly organized;" on the contrary it is generally tough and leathery. This is not the kind of deposit met with in mercurialism arising from the preparations we have been considering. On the other hand, three or four cases of poisoning by the cyanide of the metal have shown that it does produce a deposit of this type. Huber gives the following *resumé* of its pathogenetic action in relation to diphtheria.

"The mucous arch of the pharynx is red and vascular. Upon the arch of the palate and tonsils there has formed a grayish white, soft superficial layer; at the same time there is a diphtheritic ulcer in the mouth, and another around the anus. In addition to these pathological changes, the entire mucous membrane of the fauces is much reddened, together with dysphagia. Swallowing is very difficult. The pharynx is red and vascular. General weakness, which soon increases to actual faintness, so that he remained for a certain length of time in a state of unconsciousness. The night was spent in sleeplessness; he was much excited, and talked incessantly in his rage; the next night was spent in the same manner; the patient awoke with violent headache, nausea, increased thirst, much redness of the fauces, and dysphagia. With headache and vertigo there is nose bleeding; the face is pale, livid, and distorted. Nausea soon followed by vomiting. Retention of urine for five days; the urine collected on the seventh day was of acid reaction; microscopic examination revealed straight and twisted renal tubules, studded with fine *détritus*; no blood corpuscles; chemical analysis showed much albumen."

The close analogy—both locally and constitutionally—between these symptoms and those characteristic of true diphtheria in its most serious and anxious form is sufficiently obvious. The first physician to recognize this resemblance between cyanide poisoning and diphtheria, and from it to infer its value in diphtheria, was Dr. Alphonse Beck, who, in 1868, published a pamphlet in Paris, entitled "*On the use of Cyanide of Mercury in Diphtheria.*" His first observation *proving* its value was in 1864, the patient being a son of Dr. von Villers, of St. Petersburg. Since that time the appreciation of this mercurial preparation in diphtheria has grown rapidly, both in Europe and in the United States of America. Like many another useful deduction made from the practical application of the principle of *similars*, some of those who profess to regard this principle as worthless, and its adoption as scientifically degrading, have "discovered," as they endeavor to make their colleagues believe, the importance of this use of the cyanide. Of these Dr. Erichsen, of St. Petersburg, is one; and in the medical journal of that city, he assumed the rôle of the original observer and recommended it as "the most potent *anti-diphtheriticum*." The preparation he used was one, the dose of which was equal to the 3d decimal dilution, which he gave in rapidly repeated doses. This "original" observer

published his "original" observation in 1880, in the *Medicinische Central Zeitung*, sixteen years after Dr. Beck, guided by the principle of similars, had proved its efficacy on young von Villers, and twelve years after he had published his observations demonstrating its utility! In 1883 at a congress of physicians held at Stralsund, Professor Schulze, of Greifswald, in speaking on the treatment of diphtheria, said that "in the cyanide we possess a remedy which has the power of influencing the affected tissue internally and, at the same time, of destroying, or at least of paralyzing, the poison." (*Deutsche Med. Wochenschrift*, January 3d, 1884.) He used a solution of one-seventh of a grain in four ounces of water, of which he gave from one to four drachms every hour. The *Lancet* of the 24th April, 1888, records the success of Dr. Selldén, a provincial medical officer in Sweden, in using the cyanide in diphtheria. He and his colleagues had in five years treated 1400 cases with this medicine, with a mortality of only 4.9 per cent., whereas, prior to their knowledge of its value, the death-rate among 564 persons attacked was 92.7.

Hahnemann did not discover the fact that cyanide of mercury was the remedy in diphtheria, but he did proclaim the principle that led to its discovery; and the same principle has led and will yet lead to many similar discoveries. It is in not recognizing this fact that the great body of medical men lose so much therapeutic power. They accept and avail themselves of therapeutic conclusions, but deny the principle which led to these conclusions. And this sort of thing is styled *rational* medicine!

Dr. Jousset, of Paris, Dr. Burt, of Chicago, and others, have published cases showing the value of this preparation of mercury in diphtheria.

In his essay on this subject, a translation of which appeared in the *British Journal of Homœopathy* (vol. xli., p. 336), Dr. von Villers lays great stress upon the dose not being greater than one or more drops of the sixth dilution. He examines this obscure question of dose in relation to this particular remedy and this particular malady in a more philosophic and, at the same time, practical manner than we usually see it handled.

"When," he writes, "I had observed a sufficient number of cases to assure me of the specific character of the cyanide of mercury, I abandoned the dose I had hitherto given and gradually went beyond the sixth dilution. In this manner I got up to the thirtieth dilution and remained there, having only gone beyond it on one occasion. The result of my investigation was to convince me that the higher the dilution the more precise was the curative, or, as I have termed it, the negative action of the medicine. Since I have adopted

exclusively the thirtieth dilution, I have observed that the diphtheritic exudation disappears in a somewhat shorter time than with the sixth or twelfth; while the appearance of the patient ten or twelve hours after taking the first dose of the higher dilution is unmistakably improved, the stage of convalescence, too, is diminished to the shortest."

Dr. von Villers' account of his cases and his comparison of the results he obtained, with those secured by Erichsen and others using larger,—though still comparatively small doses,—justifies him in his preference for the more infinitesimal preparation. On the other hand, the success of Dr. Selldén and his colleagues, with their mortality of only 4.9 per cent., was obtained with the ninetieth part of a grain to a dose, and a gargle in the proportion of 1 to 10,000 of peppermint water.

That the cyanide of mercury is homœopathic to diphtheria has been proved, and that it is in very small doses the most successful remedy in that disease, experience has abundantly testified.

The parotid, the submaxillary, and the glands of the neck are all rendered swollen, inflamed, and tender by the bichloride, the vapor from the metal, and *m. solubilis*. Of these the bichloride is the most active in this direction. Hence, after aconite and belladonna, mercury is, in parotitis, the most important agent in promoting recovery. In catarrhal glandular irritation, so common in scrofulous subjects, it is most useful. The *m. solubilis* and the biniodide are the best preparations to use in these cases.

Professor McLean, of Netley Hospital, is in the habit of treating goitre and enlarged spleen by spreading a portion of biniodide ointment, about the size of a nutmeg, over the enlargement, exposing it to the heat of a fire as long as the resulting smarting can be borne, and then repeating the application. He tells us, that by this means the hypertrophied gland is reduced to normal limits after a few applications. The editors of the *British Journal of Homœopathy*, in recording this form of practice, suggest the adoption of a similar method in the treatment of the enlarged glands of typhus and scarlatina. (Vol. xxvi., p. 477.)

An irritation similar in all respects to that which mercury, in each of its preparations, excites in the pharynx, it also produces on the mucous surface of the larynx, and, to a less extent, in that of the larger and smaller bronchi. The post-mortem examination of a man who died in Guy's Hospital from the effects of poisoning by corrosive sublimate (*G. H. Reports*, 1843) showed the bronchial glands to be much enlarged, the mucous membrane to be universally

inflamed and covered with frothy mucus, the lung substance to be oedematous, and the base of the right lung to be inflamed.

Kussmaul (*op. cit.*) says that "of the diseases from which the workers in the mercury mines die, tuberculosis greatly preponderates; so that it seems settled that mercurialismus frequently passes into tuberculosis of the lungs; and there is no doubt that working in quicksilver produces pulmonary consumption." Herrmann, another observer, describes the condition of one worker as presenting a complete picture of laryngeal phthisis, with erosions and ulcers on the posterior wall of the pharynx. Under the influence of the mercurial poison, the voice becomes altered and tremulous; there is a good deal of coughing, with sense of tightness over the chest; respiration is rapid, oppressed and weak. The wife of a gilder, who, with her husband, lived in the work-room, whose case is related by Fourcroy and quoted by Allen, is described as finally becoming asthmatic, the paroxysms occurring, at first, with long intermissions, but gradually becoming more frequent. There was a constant rattling, but no cough or expectoration.

On the larynx the *m. corrosivus* has a still more decided influence. The voice becomes hoarse and rough, and, ultimately, is entirely lost. The irritability of the larynx, as well as that of the pharynx, is very great, producing frequent paroxysms of cough, followed by expectoration of bloody mucus, and then a sense of intense suffocation. The respiration is difficult and distressing; shooting and sticking pains are felt in different parts of the chest. The biniodide has also a very marked influence on the larynx, rendering the voice hoarse and husky, and exciting fits of coughing, with a little loose, white, slimy, expectoration during the day, and some difficulty in breathing, together with shooting pains in the chest. The *m. solubilis* excites a violent cough at night, which appears to arise from pharyngeal irritation. Again, it produces a dry cough with tickling beneath the sternum; there is a slight expectoration of bitter, tenacious mucus with dyspnoea and pressure across, and stitches in different parts of the chest.

Such symptoms as these point, in the first place, to laryngitis as a form of disease, in some cases of which the corrosive sublimate and the biniodide of mercury will be of service. When we take the local symptoms and those which express the general action of the poison together, we shall see in mercury, particularly in the form of the biniodide, a medicine which will often be useful in the course of a case of phthisis pulmonalis. In some instances of catarrhal bron-

chitis, where irritation is present, at the same time, in the liver or stomach, *m. solubilis* has proved curative.

In a form of cough to which horses are very liable, mercury is very useful. The late Mr. Lord, V.S., of the 13th Hussars, says that while he has little confidence in mercury in bronchial coughs, either acute or chronic, there is a cough arising during the second stage of inflammation in the pharyngo-laryngeal region and the neighboring glands, in which it is useful; the indications for prescribing it being increased secretion, nasal discharge and sore throat (*Brit. Jl. Hom.*, vol. xxxi., p. 315). He used the 1st trituration of the metal. Beyond the irritability and excitement caused by the mercurial fever, the action of this substance upon the heart presents no feature calling for any special remark save this, that Huber states that recent observations have shown peri- and endocarditis, in living and dead subjects, as the result of mercurial poisoning, and that "we should use *m. corrosivus*, after *aconite*, *spigelia*, *bryonia*, *iodine*, etc., have been used without effect; especially in cases of acute articular rheumatism with nocturnal pains and sweats, thirst, great anxiety, irregular pulse, chills and fever, coated tongue, diarrhoea and scanty urine."

THE SYMPTOMS AND TREATMENT OF PNEUMONIA.

An Analysis of Twenty-five Consecutive Successful Cases.

BY WM. W. VAN BAUN, M.D., PHILADELPHIA.

(Read before the Philadelphia Medical Club.)

THE present tendency of the profession is to regard lobar pneumonia as an acute general disease, with a croupous inflammation, involving the vesicular structure of the lungs as a symptom. This theory, held by Oppolzer and strongly advocated by Jürgensen, has been adopted by Grisolle, Pepper, Flint, Loomis and others—Sir Andrew Clark even maintaining that true pneumonia is not an inflammation at all. The common opinion, held by the majority of practitioners, favors the belief that the disease is essentially a local inflammation accompanied by a symptomatic pyrexia.

The pathology of pneumonia is enveloped in uncertainty and will require time for the fixation of its truth. In twenty-five cases, noted

during the last few months in my private practice, it was clear throughout the course of the disease that there was a marked disparity between the lung lesion and the constitutional symptoms. Four cases presented the most profound derangement in the way of intense febrile disturbance, delirium and distressing dyspnœa, and yet only one lobe of the lung was affected, while in two cases, in which both lungs were involved, the general symptoms gave rise to no cause for alarm. In nineteen cases a single lobe was affected; in two the disease commenced in the middle lobe and extended to the lower lobe of the same side. Both lungs were involved in four cases.

Pneumonia seems more apt to occur in persons who are strong and healthy than in those who are weak and delicate. The cases noted ranged from six years to ninety-one, the majority being between twenty and forty-five; sixteen were males and nine females. Nineteen of the patients considered themselves to have been in perfect health previous to their attack, especially an old lady of ninety-one years, in full intellectual vigor, who attributed her sickness to unusual exposure, and to the attendant worry and fret of a law suit, which she was directing with surprising energy. The remaining six cases came under the heading of delicate without having anything special the matter with them.

In ten cases I attributed the attack to taking cold, from unusual exposure, getting wet, driving in cold winds, sleeping on the ground, political parading, etc. The other cases did not present a clear-cut picture as to the cause of the disease; two had been subjected to unsanitary surroundings, and three were hard drinkers.

Two cases seem to have been of contagious origin. In October a girl of fourteen had a marked case of lobar pneumonia of the right lower lobe; soon afterwards her father, aged forty-five, was attacked. He was nursed by his sister-in-law, aged thirty-nine. On the tenth day after his initial chill, his nurse had a severe rigor, lasting for one hour, followed by pain, fever, cough, etc. She developed a pneumonia of the upper portion of the right lung, and on the fifth day of her disease an invasion of the lower lobe of the left lung was ushered in with chilliness, etc. This case was attended with severe and repeated attacks of heart-failure, and was one of the most critical cases on the list. She made a good recovery in about four weeks. Three cases were of the so-called typhoid type; being well-marked pneumonic pictures, passing gradually into a condition of extreme prostration. One case was an example of diphtheritic pneumonia. Mrs. R., æt. forty, weight 250 pounds, commenced as a well-marked

case of diphtheria, with typical deposits on tonsils and fauces (larynx not involved). The odor attached to the case was distressing; the attendants were unable to remain in the room for any length of time. On the fourth day, on entering her room, I was surprised at the change in the atmosphere; it was comparatively inodorous. Her throat symptoms were all improved, only a faint trace of membrane remaining. During the night she had had a severe chill, lasting half an hour, followed by pain in her left side, together with a hard, dry cough and scanty blood-streaked expectoration. A few fine crepitant râles were present at the base of her left lung, with resonant percussion. On the next day the membrane had entirely disappeared from her throat, and a blooming herpes labialis had developed. The cough had greatly increased, being accompanied by the characteristic pneumonic sputa. The lower left lobe presented bronchial respiration, with moderate dulness on percussion. The case ran a regular pneumonic course and made a good recovery in fifteen days.

In fourteen cases there was a history of well-marked chill, usually associated with pain in the region of, or under, the nipple of the affected side. Four cases were preceded by pains flying about the body. Seven complained simply of chilliness. The patients, as a rule, experienced headache, general malaise, pain in the limbs and the affected side, cough, difficult and rapid breathing, occasionally nausea, vomiting and, in four cases, diarrhoea. The temperature rose rapidly, ranging in a few hours from 102° to 105° , the highest temperature recorded being 106° , and the lowest 99.8° . There was commonly a morning remission. In two cases it occurred at night. The crisis took place between the second and tenth day, most frequently on the fifth—the temperature falling a number of degrees in twelve hours. In the case of a child, age seven years, it fell from 105° to 96.2° in six hours, with symptoms of fatal collapse from heart-failure and impending paralysis of the lungs. This condition was happily bridged over by active stimulation—brandy and digitalis, internally and hypodermically. The respiration presented an interesting study. The first day or two it would increase to 30 per minute—in three cases this amount of alteration was associated with a most distressing dyspnoea. By the third day it would be greatly increased—40, 50, and, in one case, 62 per minute was recorded. In this case the distress occasioned was astonishingly trifling. Many patients breathing at the rate of 40 to 50 per minute felt but little embarrassment, while others feared death from suffocation. Five cases in whom the upper lobe was affected complained but little of oppression from their

rapid breathing. Two of these cases were associated with marked nervous prostration. The hurried respiration ceased with the crisis. The pulse ratio was in marked contrast with the respiration—in the majority of cases ranging from 100 to 120, the highest recorded being 160. The pulse, for the most part, was full and soft, becoming small and feeble. Sweating, without sudamina, was a distressing symptom in three cases, commencing on the second, fourth and seventh days, respectively, and lasting from three to five days after the crisis. The case occurring on the seventh day was attended with marked symptoms of vital depression.

In two cases there was complete desquamation, in fine scales, all over the body. Herpes labialis was present in sixteen cases. The disease ran its course in nine to fourteen days. One severe case lasted for over four weeks. Cough was one of the most frequent symptoms, especially in the beginning of the attack, lessening, as a rule, as the disease progressed. In one old case it was present only a few hours, from six to eight. The sputum was of a peculiar tenacious, gelatinous character, varying greatly in color. The characteristic rust, or prune-juice appearance, was marked by its absence, being present in only seven cases. In two cases of alcoholism the sputa was offensive. In twelve cases it had a more or less bloody tinge, in one it was black, and in five it was practically colorless. In two of these cases it was not at all characteristic. The time of the appearance of the sputa varied from the first to the fifth day; in one case it was delayed until the ninth. Expectoration was difficult. Pain was most frequently situated at the base of the lung below the nipple, being aggravated by coughing and deep inspiration. In two cases there was an intercurrent muscular rheumatism, in one of which, at the onset of the disease, the cough disappeared, returning when the rheumatic condition was relieved. The tongue was variable, frequently furred, occasionally dry or brown. Again it was perfectly clean and healthy looking. The thirst ranged with the fever. In three cases, contrary to rule, there was voracious appetite, troublesome to appease. Five cases had vomiting, and jaundice appeared in four. Delirium was present in one-half of the cases, lasting from three hours to three days. Coma was observed in two cases, a lady of 39, and an old man of 85; both were seriously ill. Symptoms of heart-failure appeared in four, and proved to be an alarming complication. These cases were attended with a rapid and destructive tissue metamorphosis. The urine was examined in only eleven of the cases, and albuminuria was discovered in two. These patients

were immediately placed on a strict milk diet, and the condition disappeared by the fifteenth day. In more than 50 per cent. the right lower lobe of the lung was the seat of the disease. In two-thirds of the number crepitant râles were present at the onset. In the second stage (red hepatization) there was usually percussion dulness, bronchial breathing, bronchophony and increased vocal fremitus. In two patients the physical signs were negative until the sixth day, due to the disease commencing deeply and gradually becoming superficial. In three these signs were altogether wanting, probably depending on the pneumonic infiltration being limited to the central part of the affected lobe.

Treatment.—A well-ventilated room, at an equable temperature, with the patient at perfect rest, physical and mental, is invaluable. The diet consisted of milk, beef preparations and gruel. If the heart showed signs of weakness, moderate alcoholic stimulation was prescribed. Poultices and the oiled silk jacket, with raw cotton beneath, were not used, as they increase the liability of the patient to take cold. The initial chill varied greatly in severity. In five cases the course of the disease was influenced for the better by the prompt use of aconite 6 in three, and ferrum phos. 12 in two. The first stage of the disease was treated by bryonia, ferrum phos. or aconite. Aconite and veratrum viride should never be used excepting in dilution. The physiological effects of these drugs have the same objections as the newer antipyretics. While they may reduce the temperature they also weaken the heart and act as systemic depressants. Their action on the kidneys is not desirable. Pain, if severe and interfering with the freedom of breathing, was usually controlled with the above remedies. If not sufficient, a mustard plaster or heated flannel was all that was required. In the second stage of uncomplicated pneumonia, sulphur 30 was used without exception. This is the drug with which Fleischman and Jahr obtained their brilliant success in the days when the dominant school congratulated itself on a mortality of 30 to 55 per cent. Even in recent days Bamberger's mortality has always been above 10 per cent. In the cases with diarrhoea, sulphur 30 relieved in a short time. In two cases where the patients failed to respond to its action, iodine 30 proved useful. In pleuropneumonia bryonia 6 was preferred. The patients having little or no thirst, with dryness of the mouth, or they craved enormous draughts of water. They were usually better from lying on the affected side, remaining perfectly still, as motion aggravated all their

symptoms. It is claimed bryonia has produced hepatization of the lungs.

Ferrum phos. was given early in cases of the asthmatic type, the patients being drowsy ; also in cases in which bronchitis was prominent.

Phosphorus 30 was used in irregular cases with marked bronchial symptoms, and where consolidation was not pronounced.

Tartar emet. 6 was found useful in similar conditions, with aggravated symptoms, indicating œdema of the lungs, or impending paralysis ; as great dyspnoea, fits of suffocation, lividity, rattling of mucus, with or without expectoration.

Pleuritic symptoms not yielding to bryonia were met by scilla or kali carb.

In the third stage (suppuration) mercury, hepar or lachesis were given as called for.

In typhoid cases, hyoscyamus, phos., arn., ars., or verat. alb., as indicated. These cases drag along with an alarming and rapid tissue waste, associated with fever and impending heart-failure, if succor is not at hand. One of the most alarming conditions claiming attention in the course of a pneumonia is brought about by continued high fever, associated with disturbed pulmonary circulation, causing nervous exhaustion, delirium and heart-failure. In these cases the conditions were met by the judicious use of cardiac tonics ; such as digitalis, cactus and alcoholic stimulation. The use of alcohol requires close individualization ; over stimulation must be avoided. In two cases two ounces in twenty-four hours was sufficient, while in another I found the free use of digitalis and twenty ounces of whisky or brandy in a day none to much. Oxygen is a useful adjuvant to tide patients over this dangerous period, usually about the time of the crisis.

In feeding pneumonic cases care must be exercised to avoid excess of food. The diet had better consist of nutritious fluids, although at times a cup-custard, or even a roasted potato, can be given with advantage.

In cases of high temperature, sponging the body with cool water gave relief to a number ; it caused, however, marked distress in two patients.

Ordinary care was sufficient during convalescence.

THINGS WE ALL KNOW ABOUT KIDNEY DISEASES.

BY CLIFFORD MITCHELL, M.D., CHICAGO, ILL.

1. THERE are four kinds of albuminuria, clinically speaking; first, *transient and intermittent* albuminuria known as functional, and often occurring in otherwise healthy persons, usually at a certain hour of the day. Such albuminuria need not be of serious clinical significance, even if an occasional small hyaline cast be found; but the patient should invariably take steps to guard against organic disease of the kidneys. The second kind is that occurring in apparently healthy persons *constantly* at all hours of the day; constant presence of albumin in the urine of a patient not suffering from disease of the kidney-pelvis, ureters, bladder, prostate, or urethra, is to be deemed significant of a mild form of glomerulo-nephritis, and absence of casts does not warrant us in thinking the disorder functional. The third kind of albuminuria is that found in connection with various diseases, when there is no evident renal lesion, as in infectious diseases. The fourth kind is organic albuminuria and due to lesion of the kidneys or to presence of pus, blood, etc.

2. The *quantity* of albumin found in urine does not necessarily aid us in making the diagnosis between organic and functional albuminuria. I have seen cases where tube-casts were tolerably abundant and urea diminished to below ten grammes, and yet a mere trace only of albumin could be found, not seen except with good light and a dark background.

3. Decreases of albumin in a chronic renal disease is not necessarily a favorable sign, when unaccompanied by increase of urea. Decrease of albumin (total quantity) accompanied by increase of urea (total quantity) is favorable.

4. In obscure disorders always examine the urine. If the quantity is abundant, over three pints, and the specific gravity below 1015, make every effort to discover whether interstitial nephritis is present or not, especially if the patient is over 40 years of age. Collect the night urine and compare it in quantity with the day urine. (Night urine includes all passed *after* the patient has gone to bed and that voided on rising in the morning. Normally it is less than the day urine.)

Pay no attention to absence of albumin or casts. Estimate the total amount of urea in the twenty-four hours' urine and also the total amount of phosphoric acid.

5. Obstinate vomiting, not yielding to treatment, should lead the physician at once to an examination of the urea of urine and estimation of 24 hours. Vomiting may be the only symptom of uræmic poisoning.

6. Babylon has fallen and so has pilocarpine. This drug is not as popular as it once was. Causes: Tendency to induce œdema of the lungs; action uncertain; tendency to produce "unpleasant or even alarming symptoms," depression, etc. Seems to do well in Brazil, but few of us have calls to that country.

7. While certain drugs, crude or in low potencies, may not necessarily do harm to individuals whose kidneys perform their functions normally and actively, the same cannot be assumed to be true when the kidneys are diseased or even functionally disordered. Hence the danger of hypodermic injections of active principles of drugs to persons suffering from diseases of the kidneys. Even small doses of salicylic acid or the salicylates are toxic in such cases. Digitalis in small doses has been known to be rapidly toxic when elimination by the kidneys is retarded.

ELECTRICITY IN PERI-UTERINE INFLAMMATIONS.

BY F. E. CALDWELL, M.D., BROOKLYN, N. Y.

(Read before the Kings County Homœopathic Medical Society, March 12th, 1889.)

IN this short paper it is not my purpose to enter upon the ætiology or history of peri-uterine inflammation, but in as clear and concise a manner as possible to give such results as have been and may be obtained in it by the use of electricity; nor shall I enlarge upon the value of electricity in its various forms as one of the great remedial agents, but consider it simply in relation to the subject before me.

In any stage of these affections electricity is of great value and in the subacute and chronic cases I am firm in the belief that it is superior to any other method of local treatment.

As to method, my preference is for the galvanic current, principally for the reason that it has a much greater physiological and electrolytic effect upon the tissues.

In the acute stage my method of treatment is to introduce an insulated vaginal electrode, well up and against the point of inflam-

mation, first lubricating it thoroughly or covering the metal part with chamois skin or absorbent cotton moistened, and attached to the positive pole of the battery. In the sub-acute and chronic stages I use a platinum intra-uterine electrode or double uterine electrode as the case may require. Externally there should be placed a large abdominal electrode. The best one in use at the present time is that made of artist's clay moulded around a zinc plate, covered with a layer of absorbent cotton, and finally encased in the best cotton cloth. The absorbent cotton serves a double purpose; it makes the electrode softer and retains heat longer, thus rendering it less objectionable to the patient, and removing difficulties which have been an objection to its use. To this electrode the negative pole is attached.

The current used should be from twenty to fifty milliampères, continued from ten to twenty minutes as the case may require.

In acute cases the treatment should be continued till it relieves the pain. It can be repeated every day, but in the sub-acute and chronic cases three times a week is sufficient.

The effect of this treatment is to reduce the inflammation or congestion and effect absorption of any exudation or adhesions that may have taken place.

The immediate effect is that of a sedative, relieving the acute pain.

Too much emphasis cannot be placed upon the care and gentleness necessary in the local application of electricity. Some persons are more susceptible than others to the current, and no inflexible rule of time or quantity should be adhered to. The current should at first be imperceptible and at each treatment gradually increased without any interruption of current, but never given so strong as to produce pain. This may seem an unnecessary caution, but my experience proves that it is not. Many patients have come to me with whom it required the utmost patience and tact to induce to take the treatment at all, because of the rough handling they had received at the hands of a so-called electrician.

Dr. Apostoli employs a different method. In the treatment of the acute and sub-acute stages where there is a great deal of pain, he uses a secondary faradic coil of long, fine wire—about No. 36—attached to a double insulated vaginal electrode or the double uterine electrode, if the condition admits of its being placed in the uterine cavity. This will relieve the acute pain and reduce the inflammation. It can be repeated twice a day if necessary.

When the acute stage has subsided, an insulated platinum electrode

in one instance been the direct cause of the death of one of his family, and of the maiming of another.

In such an experience as this, most men would have found ample reasons for bitter language, and a severe arraignment of the cause of all his troubles, which was the legalized and received medical practice of the times.

Those who wish to study the above mentioned most interesting harbinger of the greater work, will find it in his *Lesser Writings*, p. 497.

In the year 1810, appeared the first edition of the *Organon* under that title. This was followed at shorter or longer periods by new and revised editions, each differing to greater or less degree from all that had preceded it. The final and official edition appeared in 1833. This is styled the *Organon of Healing-Art*, by SAMUEL HAHNEMANN. Fifth Edition, enlarged and improved; with a portrait of the author. Dresden and Leipsic. 1833. A similar portrait adorns the title face to an edition brought out by Dr. Lutze, in Coeten, in 1865, and is, we learn from Dr. Lutze's edition, from a portrait painted by Schoppe, in 1831, consequently when Hahnemann was 76. It represents the winsome face of a noble old man, apparently not more than 65. Either Schoppe has lied in this representation of Hahnemann or the authors of our later perpetrations have egregiously misrepresented the old man. Instead of the swelled head, preternaturally high from the ears to the crown, with draggled, scraggly locks clinging to the back of a long, thin neck, a pinched, weazen, half-starved face, with thin, straight lips, a reptilian slit of a mouth, all of which may be seen in many of the popular busts and other (mis)representations of the author of the *Organon*, in which he is presented, looking mournfully and pathetically into nothingness, with a world-weary stare. Instead of these we have quite a different sort of a man in this Schoppe portrait. It shows the face nearly full front view. The head is large and broad; the neck short and strong, the shoulders broad and heavy, the face square and large; the bald head is heavily clothed at the sides with thick, curling and abundant locks, scarcely touching the heavy collar about the short neck. The whole build of the upper part of the man is strongly Platonic. From the broad, not-at-all overhanging nor remarkably high forehead, the prominent, wide brows, strong, broad, apparently straight nose, wide cheek-bones, square jaw, and full, only slightly indented, cheek to the rounded, well-turned, prominent chin, there is not the slightest hint of the popular effigies

seen in pharmacies and upon popularly approved seals of societies. Few would ever suspect this portrait and the popular one were ever intended for the same person. The eyes are large and kindly, the wide upper lip markedly double-arched, the lower one rather thick, showing a broad vermilion crescent, the corners of the mouth compressed and a little pursed, showing at once a good opinion of himself and a not-to-be-doubted firmness, while the mouth, as a whole, is both kindly and handsome. This is the Hahnemann of the official edition of the *Organon* of 1833.

I will venture to add another portrait from the hand of an enthusiastic and grateful Frenchman, while Hahnemann was in Paris after his second marriage. It will serve to correct the above. It is from the February, 1889, number of the *Homœopathic Physician*.

Hahnemann had been called to see a very sick child, given over to die by the allopathic doctors.

This is what the grateful father wrote years afterwards: "At the first glance of Dr. Hahnemann I fancied that I was regarding one of the personages newly descended from the pages of some of Hoffman's fantastic tales. Small of stature, but robust and firm of step, he advanced, enveloped in fur pelisse, and supported by a heavy, gold-mounted cane. He was nearly eighty years' old" (the fact was he did not marry his French wife until he was eighty-one); "his head was admirable, his white, silky hair was thrown back and neatly arranged in curls around his neck." (Here, too, we see the hand of a French wife.) "The centre of the eye was of a profound blue, with a circle almost white around the circumference of the pupil (iris?); the mouth was imperious and commanding, the lower lip slightly advanced; the nose was curved like the beak of an eagle. . . . The strong structure of his face, his square jaws, the almost continual movement of the alæ nasi, the mobile corners of the mouth, slightly depressed by age; everything in him breathed conviction, passion, authority.

"As he entered he went straight to the cradle of the child, cast upon the patient a piercing glance, demanded the details of her illness, to which he listened without once withdrawing his gaze from his patient.

"As he listened his cheeks flushed, the veins on his forehead became swollen, and he exclaimed in a tone of anger: 'Throw for me out of the window all that mass of drugs and vials I see there; carry this patient out of this chamber; change everything, pillows, sheets and all; give her as much water as she

will drink; they have been throwing live coals into her body, we must first put out the fire.' He did not begin medication until the following day. Again from him I heard this phrase: 'There are no diseases, there are only diseased persons.'

"Suffice it to say this little patient finally recovered, and Hahnemann wrote on the margin of a portrait of her, painted as she was when he first saw her,

'God has blessed her and saved her.'

SAMUEL HAHNEMANN."

THREE VARIETIES OF NERVOUS DEAFNESS IN COMPARISON.

BY ROBERT T. COOPER, A.M., M.D., LONDON, ENGLAND.

(Physician Diseases of the Ear, London Homœopathic Hospital.)

IN this paper my intention is to give a bold outline of three distinct forms of nervous deafness, regarding the affection from my own pathological standpoint, as explained in my treatise on Vascular Deafness.* It is therein explained that I look upon nervous deafness as being in every way in contrast with vascular deafness; that in nervous deafness we get a condition in which there has been "a giving out" of nervous energy, either from mental or physical shock, or from prolonged mental strain, and in which the resulting deafness instead of coming on as in the vascular variety, *gradually*, is most generally considerable from the first, and where, instead of being gradually progressive and unvarying, the deafness is mostly subject throughout the progress of the case to variations, a feature the physician can only determine by careful inquiry.

My views will be better understood by appeal to actual examples of the affection. We may head our first case

I. *Dyscœcia Sine Tinnitu.*

Annie Hayward, aged 39, dark-haired; erythematous discoloration of the face, admitted under me to the London Homœopathic Hospital, November 24, 1888, with deafness, which has been coming on gradually† from the age of fifteen.

Her history pointed to her having had a severe fright as a child from being bitten by a dog, and of being laid up for a good long time afterward, and to having gotten deaf gradually from this time.

* Published by Messrs. Ballière, Tindall & Cox, King William Street, London.

† I purposely give patient's words as far as possible.

Further inquiry elicited that she had been also laid up on two occasions by fright upon hearing of sudden deaths in her family, and that on each of these occasions she had been quite deaf afterwards. Five years ago she was very deaf and went to the Soho Ear Hospital, and the inhalations there given seemed to do good. She has had from time to time much anxiety.

Such is her history: now for her symptoms: Deafness is not better in a noise; the right is the worst ear; is worse after worry, worse after fatigue, and not worse in the evening. She cannot hear at all when lying down; deaf to distant sounds. Headache; a tight pain in the temples, going through the head; slightest noise worries her; she has to keep quite still; no tinnitus complained of. Bowels regular; appetite good; catamenia regular.

Hearing distance $3\frac{1}{2}$ in. both sides. Right membrane translucent, left pearly and more thickened. Post-nasal region granular and bleeds when scraped. Prescribed chin. sulph. 30, pil. i. t.d. and chin. sulph. 6x, gr. j, to be sniffed up nostrils t.d.

December 29.—Head clearer, otherwise same. *Continue.*

January 12.—Certainly improved; could hear in church, which she had not done for months. Used to be prostrated with headache every week, and now has had only two in six weeks; feels much stronger in every respect. *Continue.*

February 9, 1889.—Headache has been much worse; hearing better than at first, but not so good as last time. Remarks that her headaches come on "spasmodically," are always worse when tired; thus they are particularly bad on Saturday after her work. Watch hearing: R. 8 in.; L. 20 in. *Continue* with the pilules only.

February 23, 1889.—Very much better; no headaches; hearing power gradually increasing; head clearer. No headache for three weeks. Watch hearing: R. 16 in.; L. 22 in. *Continue.*

My reason for choosing quinine as the remedy was the fact that I find the nervous deafness suitable for quinine is (so to speak) made up of a variety of other forms. Thus (according to my own experience), a deafness worse from fatigue would call for *picric acid*; worse from worry, and especially if there is a history of mental shock, *magnesia carbonica*; deaf particularly to distant sounds, *tannic acid*; but where we get a combination of all these, and especially where we get a headache aggravated by the slightest noise, then we must give a high dilution of our old friend *chininum sulph.*; in low dilution, as the 6x. snuff did in this case, it will be sure to aggravate.

Then carefully observe the misleading description of the patient who affirms that her deafness came on *gradually*, whereas the whole history of the case shows it to have most strikingly varied from time to time, so much so that every great mental shock rendered her temporarily deaf.

Our next case is one of

II. *Dysecoia cum Tinnitu.*

Adelaide H—, aged 46, deaf for three years; used to be deaf only on and off, but for the last six months continuously. Ascribed cause, worry; former treatment, *nil*, except that she was treated for pains in the chest and indigestion at the Consumption Hospital in August.

Admitted to London Homœopathic Hospital December 29, 1888. Occupation, needlework.

Family History.—Two paternal aunts died out of their mind. Mother died of phthisis at 39. Sister has cancer.

Personal History.—Has had sciatica very badly; change of life, six months ago.

Symptoms.—Deaf both sides, with frightful drumming and singing tinnitus, and pains in vertex capitis and occiput. Last summer the noises in her head were so bad that she fainted; monthly periods came twice in two weeks and then entirely ceased; and after this she was so weak and nervous she could not leave her house. All the crown of the head down to the ears goes numb, worse on dark days; *sometimes hears for a moment, and then the hearing goes altogether*; heart at times seems to be suddenly pulled up when she is going to sleep, and then let go again, and this startles her.

No loss of taste or smell, though right nostril is blocked, tuning fork not heard; bowels regular; appetite poor.

Both membranes white, opaque, thickened somewhat. Hearing (watch) R. contact, L. not.

Prescribed magnesia carbonica 200, pil. i. night and morning.

January 12.—Was very much better in early part of last week; heard quite nicely; then got deaf again (from worry and hard work), and remained bad till two days ago. Pains in head with bewildering feeling came yesterday week, but these are now better. Pains seem "in the head," almost affecting her mind when beginning to read, etc. Heart beats too violently, but without the struggling as formerly.

Prescribed for first week, nothing; for second week, a pilule, as above, of mag. carb. 200 night and morning; for third week nothing.

February 2.—Hearing much better; pains in vertex capitis and occiput at night seem to cause the heart to drag up and then fall down suddenly. After this the pains extend down to legs and arms, and sometimes keep her awake, at others, come on after lying awake; cries out in her sleep, and those near her have to awake her. Felt much freer from suffering the week she took the medicine. Tinnitus very much less than it used to be. When at Consumption Hospital, quinine was given her, and it nearly drove her mad: aggravated the tinnitus, headache, and vertigo.

Numbness has left the head, pains in the head still prevent her reading and thinking, but are much better than they used to be. Tuning fork heard on temples and sides of head, not on forehead. Watch heard R. 20 in.; L. 15 in. Prescribed: mag. carb. 200, pil. i. night and morning.

To the next report I wish particular attention given, as it illustrates very forcibly the mode of action of magnesia in high dilution:

March 2.—Deafness very much better, but has had shocking, scalding pains, which began in lower abdomen, as she was getting to sleep six days ago. These pains suddenly extended up to the chest and both sides of the neck, and between the shoulders and to the heart, and have gone on more or less; the pains get worse after meals, and then the throat gets dry "as if fire were coming into it." Along with these pains the legs became numb.

Up till last week heard perfectly well, but the pains seem to have thrown her back somewhat, though still hearing greatly improved; unable to take hot water from its making the pains worse; placing her hands upon abdomen causes the pain to be much worse, and after this she turns quite cold and shivery. The pains extend up to the head and bring on the tinnitus and headache. Watch hearing, R. 20 in.; L. 30 in. Prescribed: To be without medicine until next seen.

It is very evident the magnesia carb. 200 over-acted; and from her description the pain would seem to have been like as if a fire had

suddenly blazed up in the region of the womb, and to have suddenly spread upwards, extending to the chest, there affecting particularly the heart and the gullet, the *dura ardens* then ascending to the head.

The whole case is a perfect picture of magnesia's way of acting. In deafness it is particularly called for when the symptoms arise from mental *shock*, the symptoms are more varied, deeper seated, more distressing, and more pointedly referred to mental origin than those of chin. sulph.

My own feeling is very strong that malignant disease of all kinds, but especially scirrroid cancer, can be and is generally started into action by shocks to the system, or by mental strain, and that these shocks may be either mental or physical. The early homœopaths gave magnesia carb. for such pathological changes as *scirrhus indurations of the uterus, tuberculous swelling of the face*, etc., but now-a-days many of us have fallen back to pre-Hahnemannian wisdom, which teaches that magnesia is a mild and gentle aperient, particularly suitable for ladies, and this is all. As for giving it in such serious disease as cancer, the modern philosopher would rather see his patient dead than his philosophy overturned to the triumph of Hahnemannian principles.

My own feeling is that the cancerous history was in this case an indication for magnesia.

Then our old practitioners used to look upon magnesia as remedial for "*uterine spasms, also extending to the thighs.*"

Now in our case we had very distinct spasm of the heart, "*the heart at times seems to be suddenly pulled up when going to sleep and then let go again, and this startles her*"—a very important symptom, as it is by no means an uncommon one; this ceased while taking the magnesia, and there was set up, as an aggravation from the remedy, the burning pain in the uterine region, which extended as we have described to the head and chest, and which was accompanied by a *numbness of the lower limbs*; a symptom that is very characteristic of magnesia. Thus I have noted as a curative symptom of magnesia.—"*Aching pains in the limbs—limbs are useless, with pain in left groin, falls down in a dead faint at monthly illness.*" Many of its symptoms are so like those of *gelsemium semper*, that I should expect the latter to contain magnesia and to flourish best on magnesian soils.

Then our case furnishes us with a warning to be careful to inquire into the symptoms of a deaf case for pathological reasons as well as for the purpose of securing the indications. Thus we find the patient stating that though deaf for three years, she has been continuously

so for only six months; but that even during this time it varied is evident from the fact that she states "*she hears sometimes for a moment and then the hearing goes altogether*;" a feature that I have been the first to show is significant in deaf cases and points to a nerve disturbance.

The third case we may name

III. *Dysecoia Paralytica.*

A fine looking soldier, of twenty years of age, was brought to me by his mother, absolutely deaf; in the course of his occupation—a gunner in the Royal Artillery—he had had to be close up to the large ordnance at Gunnery Hill; and the noise of the loud explosions had completely deafened him for the last five months; on coming to me he had apparently no voice hearing whatever, and all inquiry had to be conducted with his mother. It seemed he had been invalided in consequence of his deafness, and the intention of the authorities was to discharge him from the service in August, if by that time he were not better; it was now May 12, 1888. The tuning fork could only barely be distinguished at certain points, and a watch pressed tightly against the right ear could not be heard, and only on firm contact on the left side. When this patient came I had the extreme good fortune of having along with me Dr. Ivins, of Philadelphia, to whom I can appeal in testimony of the fact that I am in no way exaggerating the extreme gravity of this case; and he will, I know, bear me out in saying that I commented somewhat thus before prescribing:

"Here is just the kind of case I have been wishing to meet with in order to put to the severest possible test my theories as to the difference between vascular and nervous deafness. If there were in a case of vascular deafness such profound loss of hearing faculty as is here, it would probably be impossible to restore the hearing, and even supposing the hearing to come back, it could only do so gradually and consequently it would require years to treat the case. On the other hand; if, as I assume, the condition in the ears is one of *shock*, the question of cure will turn upon whether any of the hidden structures of the ear are ruptured or not. Now, on looking at the membranes you can see they are intact, there is no cicatrix such as one might expect to find if the tension caused by the loud cannonading had ruptured any part of the ear; consequently," I went on to state, "it would not surprise me if this man gets well in a very short time."

On May 26, when the patient next attended, he was no longer with his mother and could follow conversation quite well, and the watch hearing had gone up to *one inch* on the right side and three-fourths of an *inch* on the left.

The remedies given were selected entirely upon the supposition that his ears had sustained a *shock*; they were *arnica montana* 30, a *pilule* thrice daily, and a snuff of one grain thrice a day of *strychnia* 6th dec. trit.

Upon these he went on till June 9, his last visit to me; he was then hearing conversation quite well, much better than might be expected from the watch hearing, which was six inches on the right and one inch on the left.

As improvement did not seem to be going on quite so rapidly as at first, I gave *magnesia carbon*, 3x gr. iij., *n. and m.*, as a snuff, but the patient did not again attend, owing doubtless to his return to his regiment, as there was really nothing to keep him from duty, with its attendant and much-wished-for full pay.

Further comment on a case like this is needless; it is instructive, as teaching us the enormous power for good possessed by the indicated remedy, and that we must often take our indications from the pathological character rather than from the symptoms; in a case like this *absence of symptoms* is THE SYMPTOM that calls for the remedy.

PROCEEDINGS OF SOCIETIES.

BRITISH HOMŒOPATHIC SOCIETY.

Clinical Evening, Thursday, April 4, 1889.

DR. GALLEY BLACKLEY exhibited a patient suffering from Raynaud's disease. The symmetry of the disease was very well marked, there were patches on the cheeks which had undergone sloughing with consequent loss of substance. The fingers were very greatly thickened; and even the phalanges were also thickened.

DR. ROBERSON DAY exhibited a well-marked case of molluscum fibrosum. The patient was a female, married, with no family history of any such affection. The fibrous tumors were most numerous about the trunk and a few were found on the arms and thighs. They were of two kinds, sessile and pedunculated and the largest were found close by the nipples on the areola, giving the appearance of additional nipples. The affection had been coming on about six years. There was also marked pigmentation of the skin, and the patient was short of stature, although not intellectually deficient as Hebra remarks is commonly the case.

DR. BYRES MOIR exhibited a patient (male) having enlargement of his liver, left lobe chiefly. He had also a diseased testicle, which had fungated. The patient had much improved on iodide of potash and was most probably syphilitic.

For primary syphilis Dr. Moir gives *biniodide of mercury* 2x, gr. ij, *bis die*.

DR. BLAKE said he gave *merc. c.* 2x, gr. j. *ter die*.

DR. DUDGEON gives *merc. vivus* 1x to 3x and nothing locally.

DR. EDWARD BLAKE then read a short paper on hypochondriasis. Its association with lithiasis was mentioned; and that the best treatment for it was the Salisbury treatment, consisting of beef steaks and hot water. Lithiasis does not seem to depend on an excessive meat diet, for uric acid calculi are common in persons who take very little meat.

Some interesting cases of acute retroflexion and its attendant mental states were mentioned by the members present, notably one where the patient tried to hang herself, but on the uterus being replaced all such desire passed away.

EDITORIAL.

THE MEDICAL EXAMINERS' BILL—A CHAPTER IN MEDICAL HISTORY.

THE readers of the *HAHNEMANNIAN* are familiar with the special features of the Medical Examiners' Bill, which recently passed second reading in the State Legislature. We have thought it would be of interest to give a history of this bill and the battle between the schools which has been waged over it.

The Medical Examiners' Bill, as presented in Harrisburg, was framed and instigated by the American Medical Association. It received the approval of the State Medical Society of Pennsylvania by a close vote last year, having been rejected by them before, because it inferentially recognized other systems of practice. Its passage last May, it has been said, was accomplished by a parliamentary trick.

During the fall and winter it received the endorsement of the larger and more active county societies, and also the favorable action of the Medico-Legal and Medical Jurisprudence Societies of Philadelphia.

Thus bolstered up it was presented in the House of Representatives on the 16th of January by an old-school physician, and referred to the Judiciary General Committee. In committee it was suggested that the views of the representative medical men of the State as to the necessity for the bill, and also as to its provisions, should be heard. The gentleman who had introduced the measure said this was not necessary, as the bill had been thoroughly discussed by the medical profession; hence, on the 25th of January, it was reported with a favorable recommendation, and placed on the calendar of the House.

Thus far in the history of the bill the homœopathic physicians of the State had been ignored.*

Prof. Mohr called the attention of the Philadelphia County Society to the act at its regular meeting on January 10th, and a committee was appointed to examine its provisions. They reported at a special meeting of the Society held January 24th, and after re-

* It is true that one member of our school, who was also a member of the Medical Jurisprudence Society of Philadelphia, had been asked on January 8th to secure our endorsement of the bill, but no formal notice had been given us.

viewing the measure and pointing out its defects, suggested that a special committee be appointed to co-operate with the Legislative Committee of the State Society in an effort to secure protection for our system of practice. A committee, consisting of Drs. Trites, Korndorfer, Karsner, Guernsey, and Dunning, was appointed and instructed as above. The committee were aided in their deliberations and work by Drs. Mohr, Bigler, and Dudley.

At our first meeting we discovered that the bill had been reported back from the committee to which it had been referred by the House, and was already on the calendar, liable to be called at any time for second reading. This placed us at great disadvantage, for, besides limiting our time, it gave us no opportunity to discuss the bill except in private conversations with members of the Legislature; and any amendments we might propose would have to be submitted on the floor of the House, where we were without voice, while the old school could rely upon fourteen members who were physicians of that faith.

Prior to our second meeting we were notified that the Committee on Medical Examiners' Bill from the Allopathic State Society desired to meet with us. An invitation was extended and the meeting took place, at which the several sections of the bill were discussed.

We objected to the bill, principally, because it did not definitely fix the composition of the board, that being left to the governor, who was empowered to select the members from lists submitted by the three State medical societies. Nothing in the act prevented the governor from selecting all of the examiners from one list.

Dr. Pitcairn, Chairman of our State Legislative Committee, proposed as an amendment to this section "that the governor should not select a majority of the board from any one school of medicine or system of practice." The old-school committee at once accepted this, pronouncing it fair and just. We at first objected, demanding equal representation, but finally accepted it with the assurance from the visiting committee that they would endeavor, if possible, to have this amendment incorporated in the original bill.

The amendment, with several others of minor importance, were taken to Harrisburg February 6th, and placed in the hands of the gentleman having charge of the bill. He read them over, said they seemed fair, but would let us hear from him definitely in a week, he wishing that time to carefully examine them.

We heard nothing from him until the evening of March 13th,

when he notified Dr. Pitcairn that at a meeting of the medical members of the House it had been decided not to entertain our main amendment, and further that the bill would be called for second reading in one week from that day.

This announcement was a complete surprise. Five weeks had elapsed since our amendments had been taken to Harrisburg, and, relying upon the expressed views of both the old school committee and the gentleman having charge of the bill that they were fair and just, we expected them to form a part of the proposed act. Hence we had done nothing to secure the co-operation of the profession in the State against the measure, for with the amendments the act would be all that we could ask.

The news of this action reached Philadelphia on the morning of the 14th of March. A regular meeting of the County Society was to be held in the evening. A successful effort was made to secure a large and representative meeting. The committee was called together early in the evening, and a formal protest* against the bill and the methods pursued to secure its passage was prepared and submitted to the Society. After a warm discussion the protest was unanimously adopted, and the committee instructed to forward a copy to every homœopathic physician in the State, with the request that he bring it to the attention of his representatives in the Legislature.

Protests and condemnatory resolutions were adopted by local societies throughout the State, and forwarded to their respective representatives. The committee were instructed to use every effort to secure the amendments to the bill, and failing in that to defeat it if possible.

The conflict now began in earnest. The newspapers of Philadelphia published the protest as a part of the society proceedings.† Its appearance roused the allopathic camp, and for a week the columns of Philadelphia papers were crowded with communications upon the subject.

On the 19th a committee consisting of Drs. Mohr, Korndorfer, Bigler, and Trites visited Harrisburg for the purpose of being present when the bill should be considered, and also to see the members of the House individually and make our objections known to them.

* A copy of the protest will be found on page 7 of the *News and Advertiser* for April.

† We have been accused of dragging this dispute before the public. The facts are that no member of our school wrote a line to the papers on this subject until after Dr. Roberts had published a letter filled with misrepresentations and innuendoes.

On arrival we found that Drs. Pitcairn and Chisholm had been actively at work, and had secured the Hon. Henry Hall, of Mercer County, to present our amendments and advocate them. Assisted by these gentlemen, and greatly aided by the kind offices of the Hon. N. L. Jones of the twentieth district, a systematic "lobbying" of the House was commenced. We found that many members had already pledged themselves to support the bill, because it had been represented to them as being perfectly satisfactory to all schools of practice. Our continued silence had given color to this statement. We spent the afternoon and evening, until far into the night, explaining our objections to the members. Some of the committee remained over, and devoted the next day to this important though unpleasant work. By the afternoon of Wednesday it was felt that the opinions of the House on the bill had been revolutionized, and that the vote, which was to be taken about four o'clock, would certainly be in our favor. At the opening of the afternoon session it was rumored that the bill would not be called, and at four o'clock its postponement for another week was announced.

The committee and the profession generally were not idle during this week of delay. Every effort was made to bring the objectionable features of the bill to the notice of the public; also its effect upon the weaker systems of practice if enacted. Especial care was taken to show the animus actuating the dominant school in their efforts to pass the act, as shown by the tactics they had employed, as well as by unguarded expressions they had let fall in its discussion, such as "The passage of this bill will crush out homœopathy."

The week soon rolled by, and the chairman of the committee, expecting another postponement, visited the capitol alone. A conference was at once held with Drs. Pitcairn and Chisholm, and the information obtained that the bill would certainly be called the next day; and further, that during the week every effort had been made by old school committees and the physicians of the House to overcome the impression made by us during our former visit. The outlook was not encouraging. Our only hope lay in the fact that Mr. Hall, the leader of the House, would certainly champion our amendments, and that many of the *really* strong members sympathized with us.

Again the work of personal interviewing began, and was pushed with vigor by the gentlemen named during Tuesday night. We found some who had looked with favor on us a week before "shaky," while others had turned their backs upon us entirely. Some of the

committee laid down with heavy hearts that night and vainly tried to sleep.

Wednesday morning brought the news that a committee consisting of Prof. D. Hayes Agnew, Provost William Pepper, Profs. J. William White, James Tyson, and H. C. Wood, of the University; Prof. Montgomery, of the Medico-Chirurgical; Dr. Charles K. Mills, of the Polyclinic; Prof. William W. Keen, of the Woman's Medical College; Dr. L. F. Flick, Chairman of the State Society's Committee on Medical Examiners' Bill, attended by a delegation of the doctors of Harrisburg, as well as from other parts of the State, would visit the House during the day, and labor to secure the passage of the bill *without our amendments*.

At eleven o'clock this august body of the masters of "regular" medicine arrived. Their entrance attracted universal attention, and for half an hour the business of the house was suspended. The medical members were busy conducting the other members, especially those who favored our amendments, to the speaker's room, and presenting them to the great medical magnates who had come to advise and instruct them.

The Homœopathic Committee during this time sat unobserved and disregarded in a corner, fearful but not dismayed.

As member after member returned from the speaker's room we would quietly approach them, and were often rejoiced to find that even the Titans of American "regular" medicine could not crush out the love of fair play from the hearts of Pennsylvania's legislators.

During the remainder of the day this army of "big guns" kept up their work of lobbying. They had letters of introduction from the leading editors and principal men of the State, and felt that they were accomplishing great things.

At three o'clock the afternoon session began. There was no doubt now about the bill being called up. The gentlemen in charge of it felt that the "magnates" had charmed the House, and that the time had come "to crush out homœopathy."

At four o'clock Dr. Walk moved that the House proceed to the second reading of Bill No. 127, the number of the Medical Examiners' Bill. In a ten minutes' speech he explained the need for this legislation, and showed how perfectly fair (?) the bill was to all schools. Hon. Henry Hall then took the floor, moving to amend the bill by adding to the first section, "that there shall at no time be a majority of the board from any one school of medicine or system of practice."

In support of the amendment he said: "That we are here to legislate for the people of this Commonwealth, not for any particular school of medicine. This is not a question of the relative numbers of the various schools; it does not affect the physicians now in practice, but only those who in the future shall apply for admission, the object being to examine into their fitness to discharge the duties of physicians. Hence we must see that this board is constituted of persons who will treat all applicants with perfect fairness. The amendment is perfectly fair, and only provides that at no time shall it be placed in the power of a majority belonging to one school or another to control the matter of admission to the practice of medicine to the prejudice of the interests of any part of the people."

The vote on the amendment was then taken, resulting in one hundred and thirty-two in its favor, and thirty-nine opposed. Of the thirty-nine opposing votes, fourteen were old school physicians.

The greatest excitement prevailed in the House on the announcement of the vote. A few minutes after the vote was announced a page handed the writer a note which said: "Dr. Walk has left the House, and says he will have nothing more to do with the bill." This was true, and at a later stage of the proceedings Mr. Kratz, of Montgomery County, moved to postpone the further consideration of the bill because of his absence, but it was voted down. Dr. Reed, of Indiana, moved its indefinite postponement;* and after Dr. Walk's return he, also, made the same motion, but both motions were voted down.

The work of amending the act then continued, resulting in the adoption of the following: "That one of the board shall be a woman; providing that the secretary and president shall not be of the same school of medicine; the office of the board shall be in Harrisburg; providing for examinations in materia medica and therapeutics; and allowing any candidate the privilege of being examined in these branches by those members of the board who are of the same school of practice as himself; that the use of Latin names for English ones shall not be required; the candidate must have graduated from a college requiring a three years graded course, and requiring physicians to post their licenses in a prominent place in their offices." These were all adopted by overwhelming votes, as was the motion to transcribe the bill for third reading.

The defeat of the old school was complete, and the news of the

* An indefinite postponement would have killed the bill.

victory spread rapidly. The papers were again filled with letters, interviews and editorials upon the result. The great dailies, prior to the adoption of our amendments, were loud in praise of the bill, but afterward they spoke of it as weak and inefficient, but none showed how the amendments could so affect the act.

Indeed, the editorials of some of the papers so resembled certain interviews which they published that it was surmised that the doctors had stolen into the editorial chairs, and that what they lacked in brains they made up with prejudice and disregard for the truth.

The profession in Philadelphia was chagrined at the result. Meetings were called, conferences ordered, and from them an address to the profession was issued. This also charges our amendments with having weakened the bill, made it less practicable, and the protection of the public less effective. It warns the Legislature that a board so unfairly constituted as this one will be, can only result in lowering the standard of medical education, and to prevent this asks that if the bill is to pass it shall have a proviso requiring a full four years' graded course of study before the applicant can appear for examination and license.

This amendment has now become the *casus belli*. Our school has said, "We will not oppose the amendment if you want it, though we think it a premature measure," but in the old school the greatest diversity of opinion exists in regard to the advisability of its adoption. The University, the Medico-Chirurgical, and the Woman's College favor it, while the Jefferson, the Western Medical College of Pittsburgh, and some of the faculty of the Medico-Chirurgical are opposed to any such enactment. Such a division of sentiment in the old school upon an amendment suggested by themselves is bewildering. But when we remember that their support of the present Medical Examiners' Bill is conditioned upon the adoption of this amendment, is it any wonder that some of us have asked ourselves whether it is possible that the amendment has been offered purely as "buncombe," and intended as a highly respectable club with which to kill the bill.

It has been asked over and over again how we succeeded in overcoming the vast influence of the allopathic profession, backed as it was by the presence of so many of the eminent medical men of the State.

Our victory was dependent upon several circumstances:

1st. The justice and fairness of our request made a deep impression on the House.

2d. The thorough personal canvass of the members, explaining to each one our objections to the bill, and our reasons for asking its amendment was of great value. In this way every man was interested and posted.

3d. We were fortunate in having such men as Hall, Wherry, Brooks, N. L. Jones, Fruit, Follmer and many others heartily interested in our behalf.

4th. The unfairness of the old school in preparing the bill and pushing it through the committee without consultation with physicians of other schools of practice, was a powerful argument against their pretended spirit of fairness.

5th. Unguarded expressions used by our opponents in discussing the bill revealed the true animus of the act and injured their cause. The remark that "the passage of the bill would crush out homœopathy" was of this character, and became a household word during the discussion.

6th. The effort of the friends of the bill to have it indefinitely postponed as soon as our amendment was adopted showed the rule or ruin spirit of its promoters, and set the tide of the House against them.

7th. The childish behavior of the gentleman in charge of the bill in dashing down his papers and rushing out of the House when his favorite measure was altered seemed to strike the House as ridiculous, and led to the introduction of absurd amendments, which were voted down, and to the defeat of his wishes.

8th. The united and harmonious spirit manifested by our school throughout the effort is to be commended. Not only did the several organized bodies exert themselves, but it seemed as though every physician in the State was at work.

The bill will be called at an early day for final passage, and an earnest effort should be made to secure its adoption either with or without the amendment suggested by the old school. Years may elapse before the circumstances of the case will again be so favorable to us, or a Legislature so just and fair assemble. Let each reader of the *HAHNEMANNIAN* urge upon his representatives the importance of pushing the bill to a final passage.

Some have criticized the committee in merely demanding an amendment to the bill instead of a separate Board of Examiners. To all such we would say, that the circumstances under which the

committee acted were peculiar, and should be borne in mind when criticizing their work. It must be remembered that our school had been outgeneraled; that the bill was in the House, with a favorable recommendation from the committee, before we knew of its existence. The press of the State was clamoring for the passage of the act, and the old school were industriously circulating the report that opposition to it would mean that we feared to submit our graduates to the test it required.

Nor must it be forgotten that within a decade Pennsylvania had been aroused by the shameless action of such men as Paine, Buchanan, and Miller, and that to even appear to favor anything other than the highest medical culture was to be unpopular.

With public opinion thus worked up, with our enemies entrenched and ready, we, with our time limited, had to formulate a policy and agree upon a line of action.

The result may not be the best law possible, but if passed it will certainly insure fair examinations and secure fair play in Pennsylvania to the minority systems of practice.

W. B. TRITES, M.D.

APRIL 23D, 1889.

P.S.—To-day the Medical Examiners' Bill came up on third reading. Dr. Walk moved that it be postponed for the present. This motion being undebatable, Mr. Wherry amended it to postpone indefinitely. Mr. Hall in discussing the motion said he hoped the bill would not be postponed, for nothing would be gained by it. He notified the House that he proposed to put every man's vote on record by calling the yeas and nays upon either the passage of the bill or the motion to postpone indefinitely.

A motion was then made to lay the motion on the table which was carried, and the motion to postpone for the present was adopted.

I asked a prominent medical member of the House (old school): "What do you people mean by postponing the bill?"

He replied, "Doctor, I will give you a 'straight tip,' we want it killed."

This, I find, is the prevailing sentiment among the old school physicians in the House, and of course reflects the sentiment of the profession in the State.

I am now certain that the "four years amendment was proposed merely as a way out of the difficulty, our acceptance of it having

blocked the way, the old school have determined to kill the bill, not by a direct vote, but by keeping it back until the session is so nearly gone it cannot be passed.

We predict that the bill will not pass, and the responsibility of its defeat rests upon the old school doctors of Pennsylvania.

W. B. T.

JUDGE BARRETT'S OPINION.

We find in the *New York Medical Times* for April, 1889, an article bearing the title "An Important Opinion by Judge Barrett." Now this important opinion referred to, was obtained in answer to the following communication from the editors of the *Times*:

Editorial Department, N. Y. MEDICAL TIMES. }
March 11th, 1889. }

HON. GEORGE C. BARRETT,

Judge of the Supreme Court, etc.

SIR: In behalf of our readers, will you kindly give us your opinion upon the following question:

Has a physician designating himself an "Homœopathist," and called as such to a patient, any legal or moral right to adopt other than homœopathic means in the treatment of the case?

Respectfully yours,

THE EDITORS.

Josh Billings once said in substance (we are unable to quote his exact words and orthography): "When a man comes to me for an opinion, I first find out what sort of an opinion he wants; then I give it to him. This makes him think that he and I are the two greatest people living." Any physician at all acquainted with the previous utterances of the *Times* and its attacks on organized homœopathy, cannot but suspect, on reading the answer of the eminent jurist, that it is much like many other legal opinions, it is furnished by a gentleman who knows what is wanted and what he is being paid for.

In his reply, Judge Barrett says (as the editors of the *Times* intended he should):

"In my opinion there can be but one answer to your question, and that is in the negative. If I call in a man who designates himself a "homœopathic physician," it is because I do not wish to be treated allopathically, or eclectically, or otherwise than homœopathically. There is an implied understanding between myself and the homœopathist that I shall receive the treatment which, by tradition* and a general consensus of opinion, means small doses of a single

* Italics ours.

drug administered upon the principle of "*similia similibus curentur*." If there is to be any variation from that method, I have a right to be informed of it, and to be given an opportunity to decide."

No better reply to the above can be found than the following quotation from the code of ethics of the American Institute of Homœopathy :

"Medicine is a progressive science. Its history shows that what is heresy in one century may and probably will be orthodoxy in the next. No greater misfortune can befall the medical profession than the action of an influential association or academy establishing a creed or standard of orthodoxy or 'regularity.' It will be fatal to freedom and progress in opinion and practice. On the other hand, nothing will so stimulate the healthy growth of the profession, both in scientific strength and in the honorable estimation of the public, as the universal and sincere adoption of a platform which shall recognize and guarantee :

"A thorough and complete knowledge, however obtained, of all the direct and collateral branches of medical science,—as it exists in all sects and schools of medicine,—as the essential qualification of a physician.

"Perfect freedom of opinion and practice, as the unquestionable prerogative of the practitioner, who is the sole judge of what is the best mode of treatment in each case of sickness intrusted to his care."

When the homœopathic physician, in any given case, applies the laws of homœopathy, he does so because his experience has led him to prefer it, and he does so for his patient's interests solely. That he may resort to other methods is well-known. That other methods of treatment than by the homœopathic application of drugs were counselled by Hahnemann cannot be denied. In using these measures, therefore, the homœopathist is not inconsistent with himself, although he may be inconsistent with what some other people think ought to be his course of conduct.

DR. JAMES BAYARD WOOD.

It becomes our unpleasant duty to announce to our readers that Dr. James B. Wood, one of the oldest homœopathic physicians of the State, died at his home in West Chester on the morning of April 14, 1889. Dr. Wood was born in New Castle County, Delaware, on the 5th of November, 1817. His early education was acquired in the public schools. He first entered into mercantile pursuits at Chatham, Chester County, Pa. He took an active interest in politics and occupied several important positions. In 1852 he began the study of medicine, and in 1854 he graduated from the Homœopathic

Medical College of Pennsylvania. From that time until his death he practised medicine in West Chester and succeeded in building up a large and lucrative practice. In professional matters, Dr. Wood was exceedingly active. He has been honored with the Presidency of his County Society, and was in 1866 elected to the same office in the Homœopathic Medical Society of the State of Pennsylvania.

NEW PUBLICATIONS.

A REFERENCE HANDBOOK OF THE MEDICAL SCIENCES. Edited by Albert H. Buck, M.D., vol. vii., Ter. Wor., New York: William Wood & Co. 1889.

Of a work of this character little need be said in commendation. Suffice it to say that this, the present volume, maintains the high standard of its predecessors as a work of reference invaluable to the physician and student. Many of the articles contained in it are very complete; we would especially refer to those treating of teratology, tuberculosis, and diseases of the vagina.

EXPLORATION OF THE CHEST IN HEALTH AND DISEASE. By Stephen Smith Burt, M.D. Small 8vo, pp. xiii, 206 New York: D. Appleton & Co. 1889.

In his preface, the author of this work states his manual is the outcome of the requests of his students for a book embodying his views on the subject. It is a plain, practical, well-written work, presenting all the essential facts of physical diagnosis of the chest in a well-arranged and condensed manner. It is printed in good style, with excellent, well mounted illustrations. In the section on Heart-murmurs, the author insists upon the recognition of the fact that murmurs of themselves are not pathognomonic. This is a point all teachers should impress upon their students. Cardiac diagnosis requires the consideration of the totality of the symptoms, subjective and objective. The work will be found useful to those interested in the subject.

THE MODERN TREATMENT OF DISEASES OF THE LIVER. By Prof. Dujardin-Beaumez. Translated from the fifth French edition by E. P. Hurd, M.D. Detroit: George S. Davis. 1888.

The author states that utility being his main object he has only considered those diseases of the hepatic gland which are observed in France, leaving out the important group of liver diseases which are so prevalent in tropical countries. The work is from the pen of a leader in allopathic therapeutics, and the author has contributed liberally from his wealth of researches. The translator has performed his part most acceptably.

THERAPEUTIC METHODS: AN OUTLINE OF PRINCIPLES OBSERVED IN THE ART OF HEALING. By Jabez P. Dake, A.M., M.D. College edition. Boston: Otis, Clapp & Son. 1889.

When the first edition of this valuable work appeared the *HAHNEMANNIAN MONTHLY* expressed itself that it would soon become a standard text-book in all our colleges, a prediction that has been fully realized. The present edition differs in no important details from the first; we cannot but commend it.

THE INTERNATIONAL MEDICAL ANNUAL AND PRACTITIONER'S INDEX. By various editors. New York: E. B. Treat & Co. 1889.

This Medical Annual is really an index of therapeutics. It simply consists of a review of the advances made in therapeutics during the year 1888. Among the editors of the work we notice the name of Dr. Percy Wilde, a prominent homœopathic physician of England.

GLEANINGS.

CONDUCTED BY

S. LILIENTHAL, M.D.,

E. M. GRAMM, M.D.,

W. W. VAN BAUN, M.D.,

E. W. MERCER, M.D.,

H. I. JESSUP, M.D.,

AND THE EDITORS.

CREOLIN IN OPHTHALMIC PRACTICE.—Alt has used instillations of 1 per cent. and 2 per cent. solutions of creolin into the conjunctiva in certain diseased conditions of the eye. He finds that solutions of the strength above named cause a very severe pain, followed by profuse lachrymation. The previous instillation of cocaine does not seem to have any effect on this pain. The most beneficial action of creolin is found in parenchymatous keratitis, whether syphilitic or scrofulous. Under its application corneæ clear up in an astonishingly short time. In trachoma Alt has not seen any benefit follow its use. Creolin is the best disinfectant for surgical instruments.—*American Journal of Ophthalmology*, January, 1889.

SOMETHING ABOUT MOUNTAIN BREATHING—Mountain asthma occurs often in persons not used to ascending heights, as soon as they reach a point at which a certain decrease of air-pressure is found. It sets in with rapid respiration, sensation of oppression, acceleration of pulse, sometimes palpitations, and congestion to the head. Keeping up the ascension the venous system is overfilled, and hæmorrhage from nose and mouth or from the abdominal mucous membranes follows. The deficit of oxygen in the blood manifests itself by loss of power in the lower extremities, somnolency, vertigo, and finally nausea and vomiting, and the attack closes with total exhaustion and weariness, but rest quickly restores everything. The cause of all these manifestations is not the deficit of oxygen, for after a rest the same air is fully sufficient for life; but it must be looked for in the narrowed position of the lungs; it is the consequence of our mechanical inability to breathe rightly in rarefied air. New exercises are needed so that one learns the appropriate depth and duration of each inspiration and expiration.—*Wien. Med. Presse*, 11, 1889.

OLEUM TEREBINTHINÆ IN MEMBRANOUS CROUP.—Dr. Lewantner considers rectified oil of turpentine a stimulating drug to mucous membranes, and thus causing profuse mucous secretion, rendering the tough mucus more fluid and expectoration more easy. A child of two years, ill nourished, was sent to the hospital for tracheotomy. Croup had already lasted seven days, and suffocation threatened. A teaspoonful of *ol. tereb. rect.* was given, and ice-bags around the throat ordered. The first night the child slept a few hours. The dose was repeated in the morning, and during the day several membranes were coughed up. Treatment was kept up for several days with a mixture of *ol. tereb. rect.*, 4.0; *ol. amygd. dulc.*, 10.0; *syr. simpl.*, 20.0; *mucil. gum arab.*, 40.0; *vitel. ov. un.*, 15.0; *aqua*, 50.0. One teaspoonful of this was given every two hours, till respiration became normal. Several other cases recovered under the same treatment.—*Allg. Med. Centr. Zeitung*, 22, 1889.

TREATMENT OF BILIARY CALCULI.—At the March meeting of the *Société de Chirurgie*, Dr. Terillon spoke of a woman, forty-two years old, who, a year ago, was attacked with hepatic colic, and showed a large tumor in the right hypochondrium, but which did not cross the median line. The tumor developed itself without any grave symptoms. Laparotomy was performed, and the gall-bladder was found adherent to the peritoneum. After being opened a large quantity of a yellowish fluid and eighty-four calculi were discharged. The cavity was washed out, drained, and six weeks afterwards the patient seemed to be cured, when her liver increased in size, jaundice set in, and she died two months after the operation. No autopsy. In relation to the diagnosis the case shows that the gall-bladder, though enormously distended, does not pass the median line, but rather extends backwards, that it may form many adhesions without symptoms arising therefrom, and that it, though full of calculi and distended, may become fully obliterated. Never was any bile discharged through the wound. In her case probably the ductus choledochus was closed up by a calculus, hence the increased size of the liver and the jaundice. In

some cases the gall-bladder inflames, becomes adherent to the abdominal walls, but this only complicates the operation. In other cases the gall-bladder remains in communication with the biliary ducts, and after the operation a persistent fistula is the result.—*Bullet. Méd.*, 22, 1889.

SUSPENSION IN ATROPHY OF THE OPTIC NERVES.—In several cases of *tabes dorsalis* with atrophy of the optic nerves, Charcot tried suspension, and found that the sight of the patient was improved thereby. One, who at first was nearly blind, could afterwards find his way about with very little trouble. A young man of eighteen years of age was attacked with atrophy of the optic nerves, but was otherwise in good health. After treatment by suspension, sight was restored sufficiently to enable him to read again, a thing he had not been able to do for six months. Suspension certainly acts on the trophic medullary centres. A seance of two or three minutes every other day suffices.—*Bulletin Méd.*, 23, 1889.

PREVENTION OF BEDSORES.—Prof. Rosenbach regards lanolin as a normal constituent of the human skin, and able to prevent the entrance of destructive agents into the tissues. When patients are obliged to keep to their beds for a long time he prefers, after having fully disinfected the tender parts, to rub lanolin in thoroughly, after which he covers them with jute, oakum or some similar material to prevent any further pressure. During the last nine months this treatment has been applied by him in a large number of chronic affections. When the excoriations and the suspicious redness of the skin were already present, healing took place kindly under the lanolin treatment. Since adopting this treatment gangrenous ulcers from pressure are of very rare occurrence in Rosenbach's wards.—*Deut. Med. Wochenschr.*, 6, 1889.

COLO-COLOSTOMY BY MEANS OF SENN'S PLATES.—Dr. Robert Abbe reports a case of complete obstruction of the colon in a man sixty years of age. Constipation had become more and more complete until severe purgation caused no movement. Distension was marked, fecal masses could be felt, he had severe colic, and was much prostrated. The abdomen was opened under cocaine anæsthesia by a four inch incision in the median line between the umbilicus and the pubes. The intestine was enormously distended, and it was decided to relieve the bowels by means of an artificial anus. What was taken to be the cæcum was sutured to the middle of the wound, the balance of which was then closed. Two loops of heavy silk were then passed through the entire thickness of the gut and an incision made between them; the cut edge was, by means of these, drawn up and stitched to the same. A quantity of liquid and solid feces were discharged, and the condition of the patient improved at once. Subsequent tests showed that three quarts of warm milk could be introduced by the rectum, and none appeared at the wound. Only three pints could be injected downward from the artificial anus. The latter functionated well and the patient improved greatly, there being no untoward symptoms after the operation. Six weeks later another laparotomy was done. An incision four and a half inches long was made in the right hypochondrium parallel to and a hand's breadth from the median line. The ascending colon was found and traced first down to the artificial anus, then upward to the obstruction at the hepatic flexure. It was a hard lump, about the size of an egg, that took in the whole circumference of the gut. It was firmly fixed and could not be raised, but the ascending and transverse colon came readily together. The gut was surrounded a little beyond these points with strips of iodoform gauze, which was passed through the mesentery and tied. Transverse incisions an inch and a half long were then made in the two opposing portions of gut and the Senn bone plates inserted. The four sutures were tightly tied, and the coaptation made more accurate by four Lembert sutures. The gut was then returned and the abdomen closed. The after-course was uneventful. Eight weeks after the operation the fecal fistula was reduced to the size of a lead-pencil, and the patient was in excellent health. Four months later the patient died of marasmus, the diarrhœa coming on about a month before death. The autopsy revealed an adhesion of the duodenum to the cancerous growth with ulceration, and a communication between the duodenum and colon, thus excluding the entire small intestine from its function.—*New York Medical Journal*, March 23, 1889.

CATGUT RINGS AS A SUBSTITUTE FOR SENN'S PLATES.—Dr. Robert Abbe, in his remarks on the above case, deprecates the difficulty and time necessary to prepare the Senn plates; also the small size of the opening in the plate. As a substi-

tute he proposes "rings made of the heaviest catgut softened in hot water until it ceases to twist upon itself. It is then formed in a ring of four strands on the ends of three fingers, and wound over and over with the same sized gut tightly applied. When completed it is stiff and flat, with no disposition to curl. The ring, if made to encircle the ends of four fingers, will be competent to establish a large opening in the colon. Such a ring will need more threads attached; six threads for the largest ring would give an intervening space of three-quarters of an inch. Each thread can be armed with its own needle, or a cambric needle threaded with a loop of silk can be used to pull each successive thread through the intestinal wall about a quarter of an inch from the margin of the opening." In an experiment on a dog with these rings the anastomosis was perfect, and the rings had dissolved away. From an extensive twisting of the coils in a second experiment he advises that the gut be laid "not side by side with ends together, but with ends looking in opposite ways. Then the peristalsis would have been in the same direction for both parts." —*New York Medical Journal*, March 23, 1889.

THE MICRO-ORGANISMS OF THE UMBILICAL CORD REST.—The resumé of S. Cholmogoroff's observations and experiments with various substances for dressing the cord is expressed in the following:

1. The umbilical cord of the new born child is absolutely free from bacteria; they are conveyed to the same from without.
2. In the cord rest there develops, as not pathological micro-organisms, *sarcina lutea* and *bacillus subtilis*; the pathological are *staphylococcus albus*, *aureus* et *citrus* and *streptococcus pyogenes*.
3. According to the influence of the surroundings, the cord rest degenerates by mortification or mummification.
4. By mortification is favored the rapid development of both the pathological and not pathological micro-organisms.
5. If the cord rest degenerates by mummification, we must consider two divisions in regard to the development of bacteria: In the longer portion there develops the micro-organisms which are not pathological: in the shorter segment—that next the umbilicus—develop, besides the not pathological, also pathological micro-organisms; the latter in very small numbers.
6. With the plaster of Paris dressing of the cord, we get more complete mummification than with any other dressing. By the use of plaster of Paris we observe the least development of pathological micro-organisms.
7. The pathological bacteria of the umbilical cord are identical with the bacteria of puerperal fever.
8. The appearance of pathological micro-organisms in the umbilical cord is not dependent upon the development of puerperal fever in the parturient woman or conjunctivitis blennorrhœia in the child.—*Zeitschrift für Geburtshilfe und Gynäkologie*, xvi. Band. I. Heft.

THE CONTAGIOUSNESS OF PNEUMONIA.—Dr. Netter (*Boston Med. and Surg. Journal*, February 21, 1889) sums up, from a study of the recorded pneumonia epidemics, together with some personal experience, as follows:

1. Pneumonia is a contagious disease of parasitic origin, and is transmissible either directly or by intervention of a third person, or by inanimate objects, such as wearing apparel, etc.
2. The pneumococci are not destroyed by dessication, and are diffusible through the air, but not to great distances, at most the interval between three hospital beds. They maintain their virulence for a period which has not yet been definitely determined, but probably never more than three years.
3. Contagion is possible through the entire course of the disease and even after recovery.
4. The period of incubation averages from five to seven days, but may vary between one to twenty.
5. Patients who have passed through a pneumonia are dangerous both to themselves and their neighbors, as living micrococci may be found in their saliva many years after. Hence, in part, the epidemic appearances of the disease in certain families during long periods, and also its frequent recurrence in certain individuals who have once survived it.
6. Rigid quarantine of the patients seems unnecessary, but other patients and healthy persons should not be brought into too intimate relations with them. The

sick-room must be kept well ventilated and clean, the sputum disinfected, and the cocci lurking in the mouth destroyed as far as possible.

THE CAUSE OF DEATH IN ACUTE PNEUMONIA.—Leibermeister has recently expressed the view that death in acute pneumonia is generally due to pulmonary oedema of the non-infiltrated portions of the organ. This oedema is attributed to cardiac failure. The fever tends to produce degeneration of the heart muscles and functional insufficiency, while the heart has to act against an increased resistance, due to the compression of the blood-vessels by the infiltrated lung; the right heart, acting under these unfavorable circumstances, fails, and the first symptom of its failure is pulmonary oedema.

WHAT IS THE NORMAL POSTURE FOR A PARTURIENT WOMAN?—Dr. A. F. A. King, in a paper bearing this title, after considering at some length the positions assumed by the various more or less savage, or, at least, uneducated people during parturition, and also the effect of change of position in certain cases of delayed labor, sums up the answer as follows:

1st. There is no one posture that can be normal for the parturient woman.

2d. The continued maintenance of one posture wastes and exhausts the forces of labor, interferes with the normal mechanism, and adds to the duration and intensity of the woman's suffering.

3d. Exactly opposite results are produced by proper changes of posture.

4th. The indications for change are: instinctive desire for it; arrest of the mechanism of labor; emotional discontent, peevishness and despair.

5th. The normal mechanism of labor being at present imperfectly understood, and the influence of different postures upon this mechanism, during the several stages of the several "positions" of the several "presentations" being unknown, the selection of given postures for given conditions cannot be defined without further study.—*American Journal of Obstetrics*, March, 1889.

DYSMENORRHEA RELIEVED BY HYPNOTISM.—A married woman, 47 years of age, who presented no symptoms of hysteria, suffered from a uterine-fibroid, and as a result of this, the menstrual flow was accompanied by very severe pain. In one of these attacks, in which morphia and chloral failed to give relief, DeVillers hypnotized the patient by pressing lightly for a quarter-hour on the eyeballs, after which she slept two hours, and at the end of that time was awakened up without any pain. Contrary to the expectation of DeVillers, this treatment was followed by very apparent good results.—*Centralblatt für Gynäkologie*, March 30, 1889.

THE MEDICAL TREATMENT OF FIBROID TUMORS OF THE UTERUS.—Starchy and fatty foods promote the growth of fibroids. The diet should consist of lean meats, milk, eggs, green vegetables and fruits containing little starch. Medicinally, ergot is of value. The "normal liquid ergot" employed subcutaneously is un-irritating, and promptly arrests hæmorrhage, even when profuse. Its continued internal use in 20 or 30-drop doses is more efficient in the control of the tumor growth than its hypodermic use. This may be alternated with a pill of ergotine, strychnine, quinine, salicylate and arsenious acid. Conjointly with this should be given the fluid extract of hydrastis, fluid extract of phytolacca and bicarbonate of sodium. Both hydrastis and phytolacca retard abnormal uterine action and promote absorption.

The therapeutic action of lactophosphate of lime and the hypophosphites of lime and soda is exceedingly favorable in these cases. The earliest perceptible effect is relief of hæmorrhage, followed, in some cases, by amenorrhœa. The second effect is arrest and absorption of the adventitious growth. Finally, their action is markedly restorative.—*Annals of Gynecology*, March, 1889.

GONORRHEA.—Drs. Bryson and Burnett, considering this subject, say that topical applications, whether they be begun at the commencement of the disease or only at the beginning of the declining stage, while they may, and often do, in the latter stage, bring about an improvement, do so only by removing the effects of the specific poison upon the tissues; but they do not remove the cause of the disorder. . . . The great majority of cases apparently get well in from six to eight weeks. This we find most frequently occurring when all local treatment is abstained from in the increasing and stationary stages of the disease, and is reserved for the decreasing or subacute conditions, every effort being made to limit the inflamed areas to the anterior portion of the duct. . . .

Prior to the establishment of the germ theory of the malady, we made the usual efforts to abort gonorrhœa by the local application of strong silver-nitrate solution. This not only failed us utterly, but aggravated the complaint in a marked degree; complications increased, and we abandoned the method. Becoming convinced four years ago that we had to deal with a germ disease, we again resorted to the local germicide treatment, choosing, as the most powerful and the most promising, the mercuric bichloride and silver nitrate, the former in strength ranging between 1 to 300 and 1 to 5000, the latter in one-quarter of a grain to 10 grains to the ounce, copiously douching the urethra by means of appropriate apparatus. With these means we not only failed to reduce the number of gonococci, but drove the disease lower down the duct. With the solution, by means of which we hoped to destroy the germ, we apparently picked it up and transported it, unimpaired in health and vigor, to another surface and there inoculated it. Moreover, we are of the opinion that the conditions necessary to the germicide treatment are not attainable in these cases. These conditions are, first, contact of the remedy with the germ, and, second, contact for a sufficient length of time to destroy its activity. The two remedies under consideration not only failed to come in contact with the germ, which rapidly penetrates the membranes, even to the submucosa,—thus failing to answer the first condition,—but form insoluble albuminates with the superficial cells, and so excite antagonism of the elements overlying the untouched and unimpaired morbid germs.

The foregoing remarks apply to the treatment of the first stage, or rather to the very beginning of that stage, generally called the increasing stage of gonorrhœa.

Local germicide treatment is even less successful in the second, or stationary, stage of the disease than in the other. In the stationary stage the disease has spread over a large area, has gone further down the duct, and, above all, the poison has penetrated deeper into the circumurethral tissues, thus becoming altogether more inaccessible. Moreover, experience demonstrates to us that in the first and second stages all topical applications are harmful. Whenever we have submitted a considerable number of cases to this treatment we observed a more rapid extension of the disease, and increase in the complications, and a greater tendency to inveteracy. We have, therefore, again abandoned all local application in the first and second stages of the disease, reserving them for the last or chronic condition.

Our observations have, furthermore, led us to the conclusion that all topical applications which favorably affect the course of the disease do so by reason of their astringent influence upon the tissues in which the germs lie imbedded, condensing the medium and thereby retarding their reproductive activity. This beneficial result *may be more apparent than real* (italics ours—G.), since astringents also retard pus formation, and to that extent lessen the eliminative action of the mucous membrane. This treatment seems to be simply a method of influencing the soil in which the germs are increasing and multiplying, for we observe that any application which increases irritation is immediately followed by an increase in the number of pus-corpuscles and gonococci.—*Journal of Cutaneous and Genito-Urinary Diseases*, April, 1889.

CHRONIC ARSENICAL POISONING.—It is not often that physicians in private or hospital practice meet with cases of chronic arsenical poisoning, yet Dr. Putnam, of Boston, has, in a comparatively short time, observed no less than twenty-six cases of poisoning from arsenical wall-papers. Many years ago, Kirchgasser called attention to a peculiar brownish of the face as indicative of chronic arsenical poisoning, and the same writer asserts that a periodical recurrence of the symptoms is frequently seen, suggesting the intermittence of malaria. Cerebral symptoms, such as vertigo, impairment of memory and mental endurance, and, rarely, epileptiform seizures, are met with. Fever of low grade, albuminuria, with casts and sometimes blood in the sediment, are other symptoms which might arouse suspicion. In every case of acute albuminuria, the urine should be searched for arsenic, unless circumstances attending the case clearly point to another cause. Putnam calls attention especially to neuritis of sufficiently advanced type to cause changes in the electrical reactions, diminution of cutaneous sensibility and impairment of motor power or co-ordination, as especially indicative of chronic arsenical poisoning. The symptoms of local irritation of the alimentary canal are found in chronic arsenicalism. A symptom quite marked in Putnam's cases was swelling of the sublingual and submaxillary glands and accompanied by excessive salivation. Nausea, diarrhœa and abdominal pain are not rare symptoms. In some cases, sore-throat, cough, general debility, feverishness, anæmia, obscure failure of health and

even glandular involvement were the only manifestations. There are, therefore, no symptoms that are characteristic. The thing which ought to excite a suspicion and cause a careful examination, is not the presence of this or that symptom, but the irregularity of the progress of the case and the failure of the array of symptoms to conform to the type of any ordinary disease. In all of his cases, Dr. Putnam found arsenic in the urine; and in any individual case the diagnosis must rest on the examination of the urine.—*Therapeutic Gazette*, April 15, 1889.

A NEW SIGN OF PERICARDITIS.—Dr. E. Peris (*Wien. Med. Blätter*) states that when a patient suffering from pericarditis is percussed in the sitting position, tympanic dullness is heard under the angle of the left scapula. This dullness blends below with that of the spleen, while it extends outwards into the axillary region, where the pulmonary resonance becomes normal. Absolute dullness is found in a small space about the size of a thaler, the upper border of which is two finger breadths below the angle of the scapula, and the lower is the same distance above the lower border of the lung, while to the right it extends to the spinal column. Auscultation of this region gives bronchial breathing, increased vocal fremitus and, in the centre, bronchophony. Now, if the patient bend forward, there is found, instead of the area of tympanic dullness, a normal percussion note; instead of the absolute dullness, a tympanic resonance, and an indistinct murmur instead of bronchial breathing. These changes are observed, though less plainly, if the patient lies for awhile upon his left side. They may be strikingly shown if he can be placed for a few minutes in the knee-elbow position. The area of dullness then shrinks to a small strip at the lower border of the lung. In place of bronchial breathing are heard crackling râles and a coarse murmur, which soon gives place to the normal vesicular murmur. This sign occurs only after pericarditis has been in existence for a few days, in the acute form from the third to the sixth day, but later in more chronic cases. It is especially noticeable in patients with thin chest walls.

The author offers the following explanation of the variation of signs according to position: The inflammatory exudation displaces the heart backwards and compresses the lower border of the left lung, thus giving rise to dullness on percussion and bronchial breathing. Change in position frees the lung from this compression, air enters the cells, resonance becomes clear and a peculiar murmur is produced. The further forward the patient leans the freer the lung becomes, the clearer the resonance and the nearer the approach to the normal vesicular murmur. Dr. Peris has observed this sign in six cases and thinks that in obscure cases it promises to be of assistance in making a decided diagnosis.—*The Medical Register*.

A REMEDY FOR NEURALGIA.—It is claimed that a few drops of the following: Eau de Cologne, ether, chloroform, aa ʒij, poured on a handkerchief, previously wetted with cold water, and placed on the seat of a neuralgic pain, gives instantaneous relief. It is also very efficacious for nervous headache. A burning sensation is felt at first, but quickly disappears.—*The N. Y. Med. Times*.

THE TANNIN TREATMENT OF PHTHISIS.—Dr. E. Houzé, of the Hospital St. Jean, Brussels, after having tried the tannin treatment on all his phthisical patients, for the last year and eight months, states, as the result of his observations, that it gives excellent results in all stages of the disease, and especially in the condition where cavities exist. Indeed, he has no hesitation in declaring that of all the different kinds of treatment for phthisis which he has tried, this has given by far the most encouraging results. The dose he employs ordinarily is fifteen grains, which quantity is taken three times a day. It is, as a rule, well borne; where this is not the case, it is ordered to be taken with meals. After the first few days the expectoration and the sweats diminish, the cough decreases and, in many cases, the appetite undergoes a marked improvement. The majority of the patients suffered from some slight degree of constipation, though in some this feature was sufficiently marked to require treatment; while others, again, suffered from diarrhœa. The character of the expectoration changed for the better, the sputa becoming white and frothy instead of green and firm. In some cases the diminution of the expectoration was followed by increased dryness of the cough, so that the patients complained that it fatigued them more; this was easily remedied by prescribing a few spoonfuls of syrup of codeia. The physical signs underwent a remarkable change for the better, at least those depending on auscultation, moist râles giving place to dry

ronchi, and large gurgling râles decreasing progressively until they gave place to mere blowing respiration. These changes were evidently due to the drying up of the cavities, in consequence of which the hectic, present in many cases, vanished, the patients increasing considerably in weight and gaining strength in a remarkable manner. The percussion signs were not found to undergo so marked a change as those dependent on auscultation, but even here some improvement could be detected. No bacteriological observations were made.—*Lancet*, March 9, 1889.

TUBERCLE IN THE AORTA.—Dr. Dittrich reports a case (*Zeitschrift für Heilkunde*) of acute miliary tuberculosis in a boy, aged 12, in which the source of general infection appeared to be the rare condition of tuberculosis of the aorta. To the posterior wall of the ascending aorta adhered some tuberculous lymphatic glands, from which the tubercle had spread into the coats of the vessel. Bacilli were found both in the glands and in the aortic wall, and it is assumed that they were disseminated through the blood-stream by direct detachment from the intima of the vessel.—*Medical Record*, April 6, 1889.

TINCTURE OF IRON IN BRIGHT'S DISEASE—Dr. Wyss employs the ethereal tincture of the perchloride of iron in doses of ten drops three times a day in the treatment of chronic Bright's disease. He reports a large number of cases so treated in more than half of which the albuminuria rapidly and completely disappeared.—*Der Fortschritt*.

PULMONARY ATELECTASIS.—At a recent meeting of the New York Academy of Medicine, Dr. O'Dwyer read a paper on "Pulmonary Atelectasis," in which he stated: "In fatal cases of croup he had always found atelectasis associated with inflammatory infiltration of the alveoli. Collapse begins when inspiratory power is diminished from mechanical obstruction or feeble inspiratory muscles. The air-pressure within the lung plus normal adhesion of pleural surfaces is greater than external atmospheric pressure. When a renewal of air is prevented, the residual air is absorbed. Every atelectatic lung is also a congested lung. As regards treatment of atelectasis in infants, he had found the momentary closure of the mouth and nose of service, and had devised an instrument for direct inflation through the larynx. The instrument acting as a catheter and larynx tampon at the same time. In conclusion he requested a discussion on two points, viz.: 1. Is atelectasis, uncomplicated with inflammatory changes in the alveoli, ever found in fatal cases of croup? 2. By what force is a collapsed lung inflated when freely exposed to the atmospheric pressure through an opening in the pleural cavity (e.g., empyema)? To this latter proposition he stated it to be his opinion that the affinity of the hemoglobin of the blood for oxygen in a congested and collapsed lung was the true inflating power.—*Medical News*, March 23, 1889.

A NEW CURE FOR ANEURISM.—At a recent meeting of the local branch of the British Medical Association, Dr. Macewen demonstrated a new method for the cure of aneurism, in which the object of the surgeon is to produce in the cavity, not a blood-clot, but a "white thrombus" of connective tissue. This is accomplished by passing needles into the aneurism in such a way as to pass through one wall of the sac and just to touch the lining of the opposite wall; the current of blood causes an oscillation of the needle and a number of fine scratches on the inner surface of the endothelium, irritating it slightly and leading to the proliferation of leucocytes. From these, connective tissue is formed, and a white fibrous mass develops on the inner surface of the sac. The irritation is repeated at intervals of days, the needle being introduced at different spots. The result is the formation of a strong layer of connective tissue, which is firmer than red clot, and involves no danger from embolism.—*Lancet*, March 2, 1889.

TREATMENT OF SUFFOCATIVE PNEUMOTHORAX BY PERMANENT THORACIC FISTULA.—Bouverst (*Bull. Méd.*, 1889, No. 7107) has recently witnessed two cases of pneumothorax which he denominates "suffocative," in which the chief symptom consisted of an intense dyspnoea increasing constantly without any remission, and terminating rapidly in death by asphyxia. Both the clinical and post-mortem examinations showed that the air in the pleural cavity was under a high degree of tension. The author says that it is impossible that the increased tension can be due to air entering the pleural cavity during inspiration, as has been stated by various

writers, and claim that the entrance occurs during cough, when the tension in the bronchial tubes is very greatly raised. Cough is consequently very dangerous in pneumothorax, and is to be combatted by full doses of opium; but in cases of suffocative pneumothorax this will be insufficient. In such a case the indication is to evacuate the air, just as one would evacuate a huge pleural effusion. A simple puncture is not enough, as the air at once begins to reaccumulate. The author, therefore, recommends and has practiced the making of a permanent fistula, leaving the canula in position. This must be done under antiseptic precautions, using a canula 4 cm. long and 3 mm. in diameter. An antiseptic dressing should be applied in order to prevent, as far as possible, the formation of a pyothorax.—*Amer. Jour. Med. Sci.*, April, 1889.

MALIGNANT ENDOCARDITIS—Dr. John S. Ely, in *The Medical Record* for March 18, 1889, reports a case of malignant endocarditis, with infection apparently from urethritis, and states: Our knowledge of the etiological relation between urethritis and malignant endocarditis and pyæmia may be summarized as follows: 1. Pyæmia has been shown to be due to the presence of pyogenic bacteria—*staphylococcus pyogenes aureus*, *albus*, and *citreus*, and *streptococcus pyogenes*. 2. Micro-organisms belonging to this same class have been found in the valvular lesion of malignant endocarditis, and experimental endocarditis in animals has been produced by the inoculation of the same micro-organisms. 3. The complications of gonorrhœa are very numerous, and for their explanation the possibility of introduction of micro-organisms into the general system must be presupposed. 4. In certain cases of mixed gonorrhœal infection of the prethra, pyogenic bacteria have been found along with gonococci. 5. Nine cases are on record in which malignant general infection occurred in patients suffering from gonorrhœa, and in some of these micro-organisms morphologically identical with the pyogenic bacteria have been found in the urethral discharge as well as in the lesions in the internal organs.

In these nine cases the urethra was the only discoverable point of infection. He then goes on to say, "that whether the coincidence of the urethritis and the general disease be merely accidental, or whether the one bears an etiological relation to the other, is the question. There is certainly no inherent impossibility in the idea that infection should find entrance to the system through the urethra. Why should not ulcerated urethral mucous membrane offer as good opportunity for the entrance of micro-organisms as ulcerated mucous membrane in other parts of the body? It remains only to prove it in a few cases by a careful study of the micro-organisms found in the various lesions in pure cultures.

HOW TO PROMOTE DEGLUTITION IN CASE OF DISEASE OF THE EPIGLOTTIS.—Mr. F. De Havilland Hall reports the case of a patient who was entirely unable to swallow on account of severe paroxysms of coughing which followed any attempt to swallow. On laryngoscopic examination almost the entire epiglottis was found to be destroyed by tuberculous ulceration. At first the patient was fed by a soft rubber tube passed down the œsophagus, but after two or three days the tube could not be passed. The patient was then placed across the bed, lying on his abdomen, with his head within a few inches of the ground and the feet elevated. He was then given a piece of rubber tubing, one end being placed in a mug of milk and the other in his mouth, whereupon he drained off the milk with the greatest comfort. The remainder of his life was rendered very endurable by this simple contrivance, as he was able to take a slight amount of liquid nourishment without exciting the paroxysms of coughing which had previously so distressed him.—*London Lancet*, March, 1889.

CEDEMATOUS FŒTUS.—Dr. Alfred Smith reported to the Academy of Medicine in Ireland a case of œdematous fœtus. He considered the œdema to be universal lymphatic œdema, due to an absence of the thoracic duct and mesenteric glands, which had been demonstrated to exist by Dr. Birmingham. Hitherto no case of absence of the thoracic duct in the human being has been reported. In this case of œdematous fœtus the pleura was so transparent that the sympathetic and ganglionic cord, the aorta, and the vertebral column, could all be seen through it. The thoracic duct in the normal fœtus he had found without difficulty. Dr. Smith accounted for the œdema as follows: Owing to the absence of the duct the lymph spaces became blocked, so that the normal transudation of lymph could not occur, and it was not in consequence carried away.—*Dublin Journ. of Med. Science*, April, 1889.

SULFONAL EXANTHEM.—Dr. Schotten, in Cassel (*Therap. Monatsh.*, 1888, No. 12), reports that four days after the administration of sulfonal to a woman forty-five years of age, an eruption developed. It commenced on the head, and finally involved the whole cutaneous surface. It manifested a remarkable similarity to discrete measles, as the lesions were bright red macules of the size of a lentil. These, in many places, formed larger macules by their coalescence, and at their centre presented a papule which had its origin in a follicle. Sensations of heat and burning were experienced. The mucous membranes remained normal. During the two days after they appeared the lesions increased in size and then gradually faded away, so that in two weeks only slight traces of them remained.—*Monatsh. für Prakt. Dermatol.*, Bd. VIII., No. 3.

THE DISAPPEARANCE OF CARDIAC MURMURS.—At a recent meeting of the Royal Academy of Medicine in Ireland, Mr. M. A. Boyd read a paper on the disappearance of cardiac murmurs, which had existed sufficiently long, and had led to such changes in the cardiac walls as to be considered organic in character. Such disappearing murmurs, he considered, were frequently met with, especially at the mitral orifice, and were generally consecutive to rheumatic endocarditis, especially in its acute form; but he instanced cases also of murmurs arising from chronic endocardial changes of the valves, or their attachments, which disappeared ultimately, leaving the heart free from all traces of disease. In his opinion there was little justification for the dogmatic assertion of some leading authorities on the subject of cardiac disease, that a chronic valvular affection, once established, is never cured; and he gave three instances of cases under his observation—one, the murmur of mitral regurgitation, with consecutive changes in the left ventricle and auricle, which existed for two years and ultimately disappeared, as did the hypertrophy associated with it; and two others of aortic regurgitation existing for a similar period, which finally got well also. In both these latter cases, the existence of hypertrophy and dilatation of the left ventricle might be taken that they were both of a permanent nature, as also the length of time they continued after the primary endocarditis that produced them. Such disappearance he considered significant, as indicating that some cases of chronic valvular affections do ultimately get well; but in all those he met with as thus disappearing, they were cases of regurgitation at either the mitral or aortic orifices. A well-established constrictive murmur, in his opinion, never gets well. It might disappear or cease to be heard, owing to failure or weakness of the cardiac walls, or excessive dilatation either of these or of the aorta; but the symptoms associated with it remained and post-mortem examination showed no cure. The reason for this was obvious—the constrictive murmur was, sooner or later, the outcome of a lesion at an orifice producing or permitting regurgitation, and when associated with deposition of inflammatory exudation on the valves, or their attachments, led to subsequent adhesion of them, or to contraction of the orifice they closed, and produced constriction. There was good ground for the belief expressed by some that plastic material deposited on or in a valve may ultimately get absorbed when it only interfered with their adaptation, but when deposited around an orifice, it must ultimately, by its contraction, cause obstruction. Such absorption, he considered, was more likely to take place in the young, owing to the rapid metabolic changes which take place in their tissues, and to compensation being more readily established, and where the valvulitis was of rheumatic origin, than in cases where it was the result of gout, contracted kidney, or alcoholism—conditions which led to it later in life.—*Medical Press and Circular*, March 13, 1889.

STERILITY IN THE MALE.—Fecundity is only effected when one party to the sexual act gives the ovum and the other the sperm. Sterility occurs when one of the contracting parties is unable to perform his or her part. As causes of sterility in the male we meet with the following: 1. Impotence; coitus being difficult or impossible. 2. Coitus possible, but no sperm is thrown into the vagina; there is either no ejaculation or there is a fluid discharged, but spermatozoa are absent. Impotence may only be temporary, as from psychical causes, or at the beginning of a tedious disease. Aspermatism may be relieved when the inhibition is removed. Azoospermia is usually chronic, but it may be transitory. In relation to the etiology of sterility the following may be given: 1. Such influences as are externally visible; for instance, absence of penis, large tumors, a high grade of phimosis hypod and epispadias, and other imperfections which render coition either difficult or im-

possible. 2. Influences which arise from internal maladies, such as disturbances in the central nervous system; for example, tabes, myelitis, and diabetes. Gonorrhœa frequently produces aspermatism on account of urethral strictures, the obliteration of the ejaculatory duct, and diseases of the seminal vesicles and testicles it sometimes causes.—*Munch. Med. Wochenschr.*, 9, 1889.

SUBCUTANEOUS INJECTIONS OF ETHER IN CARDIAC FAILURE.—An elderly lady, suffering from atheromatosis, was suddenly taken with dyspnoea, the result of cardiac failure and œdema pulmonum. Heitler felt that the strength of the heart could be greatly increased by subcutaneous injections of ether, which were accordingly administered. The cardiac region was rubbed with cold water and wine was given. Soon after the injection the pulse became fuller and slower, dyspnoea disappeared, the rattling disappeared, and in an hour the danger was over. On a subsequent occasion, the same patient passed through another and more severe attack, in which there were marked cyanosis, rattling breathing and unconsciousness. Ether was injected subcutaneously four times and saved her life. The success of these injections depends largely on the functional power of the heart; in other words, where there are yet a sufficient number of muscular fibres still able to perform their functions.—*Wien. Med. Wochenschr.*, 8, 1889.

INCREASE OF THE TEMPERATURE OF THE BODY AS A MANIFESTATION OF THE VIS MEDICATRIX NATURÆ.—Prof. Dochman teaches that the rise of temperature in febrile infectious diseases ought not to be always considered noxious, as the pyrexia may be necessary to counteract the noxious morbid virus, whether it be an organized virus, a ptomaine, or some other product of tissue change. He poisoned cats with curare and put them in an incubator with artificially raised temperature, and they recovered rapidly from the intoxication. Other poisoned cats, left in the usual temperature, soon succumbed to the poison. Similar results were obtained from experiments on cats poisoned with putrefying substances.—*Allgem. Med. Centr. Zeitung*.

PROLONGED HOT WATER INJECTIONS IN CARCINOMA UTERI.—Fornery recommends in cancer of the uterus, that injections of water at a temperature of 40° C. be made twice daily. They disinfect the vagina and diminish considerably the ichorous secretions, and especially the hæmorrhages. Under their use, the general health improves. In most cases they also diminish the pains, so that the use of morphia can be greatly restricted. Exceptionally, retrogression of the neoplasm takes place.—*France Med.*, 86, 1888.

ACNE AND ITS TREATMENT.—The cause of acne is still unknown. This is remarkable, for whole families suffer from it. In all cases we find wide and funnel-shaped openings of the mouths of the sebaceous glands. These openings catch every dirty particle and impure irritator floating in the air. Thus the sebaceous glands are mechanically closed, and the inflammation of the glands becomes a complicated process. These inflammations vary in intensity with disturbances of digestion, circulation and menstruation. We daily meet patients, especially females, who live very abstemiously and still do not get rid of their acne; while others eat and drink whatever they please and do not suffer therefrom. Still, certain things are decidedly noxious to some patients. Among these articles are beer, coffee and cheese. Coffee, like the compounds of bromine and iodine, is excreted through the sebaceous glands and causes their canals to suppurate, and thus leads to the formations of papules and pustules. At first, cysts are formed by retention. The patient with his not aseptic nails irritates them, and an acne vulgaris is changed into an acne pustulosa. Internally, Fowler's solution has done good service. Local treatment is also necessary. Lassar relies on naphthol and resorcin in order to limit the vascular area and to cause shrinking. His naphthol paste consists of naphthol, 10.0; sulph. præc., 50.0; sapon. vir., 20.0; vasel. 20.0. This paste is spread over the affected parts and allowed to remain, according to the intensity of the process, from half an hour to an hour. It is repeated daily until the skin peels off. Intervals of rest are indicated where too much irritation is caused by it, or another paste composed of resorcin, zinc oxide and starch, 5 grams of each and 10 grams of vaseline. Medicated soaps may be used with advantage. Sometimes after improvement the acne reappears, but it yields readily to renewed applications of the paste.—*Berliner Klin. Wochenschr.*, 3, 1889.

THE TURKISH (DRY HEAT) AND RUSSIAN (MOIST HEAT) BATHS AS THERAPEUTIC MEASURES.—Dr. Anton Frey (*Volkman's Klin. Vorträge*, 332) says:

It is an old saying that energetic sweating at the beginning may drive away a cold, for we know that most diseases resulting from cold, as coryza, pneumonia, erysipelas, rheumatism, etc., are infectious diseases, and that mere catching cold is not the cause of its breaking out. Most persons may be exposed to the morbid agent without being affected thereby, because they are able, through their rapid tissue change, to destroy the micro-organisms or their products, which chiefly cause the morbid manifestations. When the normal processes of the body do not suffice to destroy the micro-organisms, morbid phenomena set in; fever arises; with the increased temperature of the body, the processes of oxidation in the blood and tissues are more rapidly performed. By such increased oxidation the body is enabled to burn up even larger quantities of micro-organisms and their products, and to render them innocuous. A fever is a most important remedy of nature. Hence at the beginning of such an infection, we look for means to produce a state analogous to the fever, rise of temperature, acceleration of processes of oxidation, more rapid circulation, and increase of secretion. By means of the hot air or steam bath we are able to arouse the processes of oxidation, and hasten circulation to force the micro-organisms from their nests, to burn them up in the hyperoxygenated blood, and thus to rid the body of their presence. What beautiful successes may be witnessed in the treatment of chronic articular rheumatism, in malaria and in syphilis!

TETANUS TREATED BY ABSOLUTE REST.—Prof. Renzi, of Naples, records several cases of tetanus successfully treated by absolute rest. The method advocated is as follows: The patient's ears are closed with wax, after which he is placed in a perfectly dark room far from any noise. He is made to understand that safety lies in perfect rest. The room is carpeted heavily in order to relieve the noise of stepping about. The nurse enters every quarter of an hour with a well shaded lantern, using more the sense of touch than sight, to find the bed. Liquid food (milk, eggs in beef-tea, and water) are carefully given so that mastication is not necessary. Constipation is not interfered with. Mild doses of belladonna or secale are given to relieve pain. This treatment does not shorten the disease, but under it the paroxysms grow milder, and finally cease. Numerous physicians attest to the value of this treatment.—*Bulletin Med.*, 19, 1889.

TREATMENT OF ASCITES BY FARADIZATION OF THE ABDOMINAL WALLS.—In a case of what was probably chronic tubercular peritonitis in a girl of seventeen years, Muret, after the failure of the usual treatment, employed faradization to the abdomen twice daily. Gradual improvement set in, and in the course of four months the ascites was gone. In a case of ascites supposed to have been caused by a splenic tumor, in a woman of forty-five years, faradization greatly increased the diuresis, the water accumulated more slowly, so that the patient did not require to be tapped as frequently as formerly.—*Schmidt's Jahrbucher*, 1, 1889.

MORBUS BASEDOWII CURED BY PREGNANCY.—A servant girl had chorea for ten years, during the last four of which she complained of palpitation, precordial anguish, pains radiating from the region of the heart to the left shoulder, slight paresis of the extremities, and increase in the size of the thyroid gland. All these symptoms increased steadily, so that in October, 1887, she had paresis of the lower extremities, large goitre, palpitation of the heart, nystagmus, great exophthalmos, etc.; in February, 1888, great improvement in all the symptoms was noted, at which time she was pregnant with an illegitimate child. Mentally the pregnancy could not have exerted other than a depressing influence on the girl.—*Centralblatt für Gynecologie*, 1, 1889.

TREATMENT OF STOMATITIS ULCERO-MEMBRANOSA WITH NEUTRAL CHROMATE OF POTASSIUM.—Dr. Salvator Bruno, of Rome, cured eighteen cases of this affection by painting the diseased parts with neutral chromate of potassium. Among the severe cases he mentions that of a young girl fifteen years of age, delicate and poorly nourished. The membranous ulcerations had existed for four months. She complained of burning in the mouth, and pains during mastication. Her breath was very fetid. Potassium chromate cured her in one week, after all other treatment had failed. In two brothers, aged twenty-two and twenty-three years, respectively, the gums were particularly affected, together with pyalism, and infiltration of the sub-maxillary glands. Five days sufficed for a cure. The brush was applied twice daily.—*Rundschau*, 8, 1889.

[Bruno in these cases practiced homœopathy involuntarily. In Allen, vol. v., page 318, we read under *Kali chloricum*: 81. Fine burning sticking on tongue; 83. Most acute ulcerative and follicular stomatitis; 88. Profuse secretion of acid saliva; 74. Gums bleed easily when brushing the teeth as usual; 108. Difficult swallowing.

Kali bichromicum.—516. Livid color of the gum, bleeding on sucking it; 526. Tongue covered with a thick loose fur; 542. Burning vesicle on the mucous membrane of the mouth; 546. Aphthæ and ulcerations; 554. Increased secretion of saliva, has to spit continually; 572. Bad taste of imaginary putrid matter; 670. Difficulty in swallowing, etc.—S. L.]

WHAT ARE THE THOUGHTS OF THE DYING?—In the Société de Biologie Feré affirmed that a dying person in his last moments thinks of the chief events of his life. Persons resuscitated from drowning, epileptics with grave attacks, persons dying and already unconscious, but momentarily brought back to consciousness by ether injections to utter their last thoughts, all acknowledge that their last thoughts revert to momentous events of their life. Such an ether injection revives once more the normal disposition of cerebral activity, already nearly extinguished, and it might be possible at this moment to learn of certain important events of the past life. Brown-Sequard mentions the remarkable fact that persons who, in consequence of grave cerebral affections have been paralyzed for years, get back at once when dying their sensibility, mobility, and intelligence. All such facts clearly show that at the moment of dissolution important changes take place, reacting upon the composition of the blood and the functions of the organs.—*Wien. Med. Zeitung*, 9, 1889.

CONGENITAL ANIRIDIA.—At a recent meeting of the Vienna Medical Society Dr. Herrnheiser exhibited twin brothers suffering from this defect. Aniridia is mostly congenital; in only a few of the reported cases was it traumatic in origin. Congenital aniridia is always bilateral, and complicated with other congenital anomalies of the eyes, as dulness of the cornea and lens, ectopia lentis, micro- or megallo-ophthalmos, etc. It may be total or partial. Disturbance of vision is present to a greater or less extent. In Herrnheiser's cases the iris was completely absent in all four eyes; and of the ciliary bodies not a trace could be observed. Cataracts were also present in all four eyes. The examination of the fundus oculi was impossible on account of the cataracts and nystagmus, which latter was also present. Visual power differed in the two boys. One could count fingers at four meters, the other on the right side at four meters, and on the left at six. The one reads Jäger No. 9 at seven centimeters; the other, right No. 9, left No. 3, at five and three-quarter meters. The origin of aniridia has not been explained. Some have tried to explain the non-formation of the iris from a special firm connection between the lens and the anterior wall of the capsule existing for a longer time than usual, and this prevents the development of the iris.—*Wien. Med. Presse*, 9, 1889.

HEREDITARY LEAD INTOXICATION.—Legrand reports the case of a married couple who always worked in a printing office, and who often suffered from lead colic. At the eighth month of her sixth pregnancy the woman entered the "Charité" suffering from lead colic, obstinate constipation, trembling of the hands, and the characteristic blue line along the gums. Her labor was an easy one. The child weighed 1020 grams; it was emaciated and pale, and died at the age of two weeks. The autopsy revealed all the internal organs smaller than usual; the kidneys were small, whitish, and with a smooth surface. Microscopic examination of the liver demonstrated cirrhosis, and in the parenchyma of the organ was found a relatively large quantity of lead. Lead is not very soluble, still it was carried into the liver and deposited there.—*Wien. Med. Presse*, 9, 1889.

LIME-WATER AS A PREVENTIVE OF DIABETIC COMA.—Dr. Clemens, of Frankfurt, found that the usual alkaline treatment in diabetes does not prevent the abnormal hyperacidity, but rather aggravates the disease by exciting gastric disturbance. Carlsbad may temporarily relieve, but the old symptoms of acid intoxication soon reappear. Simple lime-water in daily doses of 30 to 60 grams reduces the quantity of sugar in the urine and lessens the acidity. The patient may carry a bottle of the lime-water in his pocket, and sip therefrom at occasional intervals. Considering the minute quantity of lime in the officinal lime-water, such treatment is certainly most simple. Clemens treats his cases of diabetes from the start with electricity and bromide of arsenic. He has never witnessed in his practice a case of diabetic coma.—*Allgem. Med. Centr. Zeitung*, 14, 1889.

MONTHLY RETROSPECT

OF HOMŒOPATHIC MATERIA MEDICA AND THERAPEUTICS.

CONDUCTED BY

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PROVINGS.

CAPANAPI.—José M. Reyes, twenty, single, attempted to make a proving of capanapi, using the tincture largely. Symptoms: Heavy pain in the hypogastrium, worse by motion and better by being quiet; chills at different hours, like those produced by intermittent fever; diarrhoea of a light-yellow color; blisters on the arms, hands and legs, of the size of a grain of wheat, filled with clear water, transparent and colorless; headache in the morning, which made him feel weak, and slowly increased to such an extent, he was obliged to go to bed; he could not walk for the headache; it seemed as if he was going to lose his head; the pain commenced at the top of the head and extended to the frontal region and base of the nose in such a way that he could not touch it; pain was a pulsating or beating, principally in the temples, where the temporal arteries beat hard; pain relieved by rubbing with Florida water and the olfaction of camphorated liniment; when quiet (afterwards), he only felt the beating of the temples, but on moving, the pain returned again in the forehead; at 9 P.M., when in bed, lying on his back, the pain passed to the occiput and lasted two hours; mind perplexed and head very painful in the morning; blisters increased during the night.—*Medical Advance*, April.

ETHIOPE MINERAL.—José M. Reyes, aged twenty, took, in varying quantities and strengths, "Proto Sulfuro de Mercurio," and produced the following symptoms at different periods during the progress of the experiment: Diarrhoea of a dark-yellow or blackish color; increased appetite; weakness; paleness; pain at the left side of the abdomen above the navel; the pain, seldom felt at night, diminishing by changing the position, and lasted a short time; relieved by pressure; increased urination; increased cardiac pulsations; inflammation of the pharynx; cough; inflamed uvula; left amygdalitis.—*Medical Advance*, April.

JACARANDA.—José M. Reyes, single, aged twenty, took experimentally, varying quantities of the tincture and third dilution of jacaranda, and produced the following symptoms: Pain during the night between the sacrum and coccyx; pollution; vertigo, when raising the head after stooping; momentary loss of sight and heaviness in the forehead; loss of memory; diarrhoea, of a blackish color, painless; incapacity for study; much weakness in the glans penis; pain and irritation in the eyes; eyes very red, with a feeling of sand or something strange in them; worse in the left eye; the eyelids glued together during the night by the increased secretions; was compelled to wet the eyes in order to open them and clear the blearedness before I could see; increased urine; heat in the larynx when reading aloud or when laughing; some small bladders in the pharynx, with inflammation of the left amygdala; during the night pain and weakness in the lumbar vertebræ; mulberry-colored bowel evacuations, with mucosities without foetidity.—*Medical Advance*, April.

MATERIA MEDICA.

APIS IN NERVOUS HEADACHE.—Especially chronic headaches in highly nervous individuals. The characteristic pain is dull and heavy, with occasional sharp pains shooting through the orbit, and, at the same time, there is an almost constant pres-

sive pain in and around the eyes, and these pains are increased by exposure to light. The head feels confused and vertigo is frequently present, with heaviness and fullness of the head; indeed, a feeling as of too much blood in the brain seems to be a kind of keynote in all the cerebral affections curable by this remedy. A kind of wandering restlessness is another keynote. Puffiness of the scalp and forehead is often present, and few cases are without œdema about the eyes. Even when these objective symptoms are not present the patient often complains that the integuments of the face and head feel stiff. The pains are usually aggravated by motion or stooping, and they are only temporarily relieved by pressure with the hands. Some relief comes from holding the head and eyes down, and when the attack is relieved the whole head feels tired.—Dr. Thomas Nichol, *Medical Counselor*, March.

APIS IN CONGESTIVE HEADACHE.—The congestive headache in which apis mellifica is curative is marked by confusion and dizziness of the head with vertigo, very violent at times; worse when sitting than when walking, and much worse when lying down and closing the eyes. At times the vertigo is accompanied by blindness. Throbbing and painful burning in the temples is almost always present, with heaviness and pressure. Sometimes a sudden rush of blood to the head takes place, during which warm, close rooms are perfectly intolerable. The eyes are red, with a feeling of burning, and they are very sensitive to light. The face is red, and hot, often swollen around the eyes. The apis congestive headache is often distinctly intermittent, and in such cases this remedy takes precedence, even of belladonna.—Dr. Thomas Nichol, *Medical Counselor*, March.

BELLADONNA AND APIS COMPARED IN CEREBRO-SPINAL MENINGITIS.—Dr. Thomas Nichol, in the *March Medical Counselor*, compared belladonna and apis in cerebro-spinal meningitis as follows: Belladonna is the remedy that comes nearest to apis. The belladonna cerebro-spinal meningitis develops suddenly; the apis slowly. The delirium of belladonna is furious, and this violent delirium often alternates with coma; the delirium of apis is quiet and muttering. Both remedies are indicated by apathy and indifference, but the apathy of apis is more marked than that of belladonna. The belladonna patient has a swollen, often red, face, but the face of the apis patient is œdematous, and this œdema is quite likely to be pale in hue. The eyes of the belladonna patient are red and swollen; the eyes of the apis patient are puffy and œdematous.

MENTAL SYMPTOMS OF NITRIC ACID.—Dr. George S. Adams, of the Westboro Insane Asylum, in a recent paper entitled "Mental Symptoms of Nitric Acid," detailed the results of using the 2x dilution in twenty-eight selected cases, eighteen of whom were much of the time excited, abusive and violent; the other ten quiet and demented. Some of the eighteen excitable patients appear better and more quiet than before taking the medicine. The doctor considers that at least a six months' trial is necessary to absolutely determine results in such cases. He considers that the mental symptoms calling for nitric acid are extreme restlessness and irritability, with great tendency to curse and swear.—*New England Medical Gazette*, March.

VERIFICATION OF A TABACUM GROUP OF SYMPTOMS.—Dr. J. E. Winans treated a case which had symptoms simulating cerebro-spinal meningitis following the excessive use of tobacco. The symptoms of the doctor's case corresponded to those found in Allen: "Convulsions, the head drawn firmly back, with rigidity of the muscles of the posterior part of the neck; there were constantly recurring rigid tetanic spasms, the muscles of the back being principally affected." *Lycopodium*, c.m. and m.m., with sinapisms to the spine (made with white of eggs, to prevent blistering) brought the case through.—*American Homœopathist*, March.

BELLADONNA AND NUX VOMICA DIFFERENTIATED IN LOCOMOTOR ATAXIA.—Belladonna has walking as if drunk with vertigo; he raises his foot as if to pass an obstacle; he raises his foot slowly and steps down with force; sudden severe pains of short duration, fulgorant in character. Atropine has all the nervous symptoms of belladonna, only more decided. Nux vomica causes fulgorant pains with incoördinate movements, and gastric and vesical crises.—Dr. P. Jousset, *L'Art Médicale*, March, 1889.

ANTIPYRIN INTOXICATION.—Dr. D. Jennings reports in the *Centralblatt für die gesammte Therapie*, the result of the daily use of 2.5 grammes of this drug in a case

of articular rheumatism. Erythema appeared on various parts of the body together with sleeplessness, sensation of coldness in the extremities, conjunctival catarrh, hoarseness, increased pulse beat, etc. Discontinuance of the medicine and a few drops of belladonna tincture relieved all the symptoms.—*Allg. Hom. Zeit.*, No. 5, 1889.

ANTIPIRYIN IN CORYZA.—Dr. W. M. Decker, in an article appearing in the March *N. A. Journal of Homœopathy* entitled "Antipyrin Clinically Homœopathic," gives the following confirmed symptoms for the selection of the drug in coryza: Frequent sneezing, with profuse watery discharge, and burning in the nose.

NASAL SYMPTOMS OF PULSATILLA.—"Orange-colored discharge from nose, especially from right nostril (abscess of antrum)."—*California Homœopath*, April.

NASAL SYMPTOMS OF WYETHIA.—"Sensation of a lump in posterior nares, usually associated with dryness."—*California Homœopath*, April.

ACTION OF STROPHANTUS HISPIDUS ON THE HEART.—1. It increases the force of the systole, and prolongs it, augments the tension of the arteries, and diminishes the frequency of the heart's beat.

2. Strengthens the heart muscles and regulates its action.

3. Has slight diuretic action except in diseases of the heart and kidneys.

4. Does not disturb digestion, as other heart poisons, e.g., digitalis.

5. Does not induce cumulative symptoms

6. Its action is less than that of digitalis, but it conserves the action of the latter in severe disturbances of compensation.

7. The alcoholic tincture is the best form; it contains the full quantity of the bitter "glucoside"

8. It has no action in stenosis of the aortic valves, while it lengthens the systole, and should not be used in this affection.—Dr. G. Pröll, *Allg. Hom. Zeit.*, No. 8, 1889.

CASCARA SAGRADA IN RHEUMATISM.—"Seems to act well in rheumatism, especially when in the shoulder; slightest motion painful."—*California Homœopath*, April.

CINNAMOMUM.—Dr. E. M. Hale, in the March *Medical Counselor*, states that it is a common habit among girls to drink cinnamon tea to check the flow of the menses when they wish to go to a dance. Girls who habitually eat cinnamon become pale and chlorotic, and the menses become pale and scanty. Old nurses believe cinnamon to be a hæmostatic. Dr. Hale has known cinnamomum to be used successfully in hæmoptysis, and has seen a decoction, given for dysentery, notably increase the quantity of blood in the discharges. He regards the drug as an analogue to erigeron, trillium, turpentine and ustilago.

POLYGONUM HYDROPIPERGIDES.—Dr. Phil. Porter says this drug has a direct affinity for the mucus surfaces, the nervous system and fibrous tissues, and also for the urinary apparatus. Dr. J. K. Shirk says it has a special affinity for the female reproductive organs. It restores suppressed menstruation without producing any disturbance or alteration of the general system (in large doses), and acts curatively in cases of chronic disease of the uterus and ovaries, and relieves many of the subjective symptoms due to these disorders. As an emmenagogue it acts in large doses by increasing the blood supply to the pelvic viscera, in states of anæmia, functional torpor of the ovaries and uterus due to systemic depression. From the physiological action the inference is that it will act homœopathically in menorrhagia or metrorrhagia due to relaxation of the uterine vessels. Subinvolution, with passive congestion, cold hands and feet and general depression, are also benefited by the drug. Dr. I. J. Gross recommends it in bladder affections connected with loss of expulsive power, and also in suppression of urine, with strangury. It is especially in paralysis of the bladder from distension that it proves successful.—*Hom. Journal of Obstetrics*, March.

A CHARACTERISTIC LYCOPODIUM STOOL.—"A peculiar and characteristic lycopodium indication is odorless stools of green, stringy mucus."—Dr. J. E. Winans, *American Homœopathist*, March.

RELATION BETWEEN LYCOPODIUM AND BRYONIA.—According to Dr. J. E. Winans, lycopodium most resembles bryonia, and probably follows it oftener than any other remedy.—*American Homœopathist*, March.

THERAPEUTICS.

SULPHUR IN AGUE.—Dr. Robert T. Cooper, in the February *Monthly Homœopathic Review*, states that he received a letter from an officer in a Sepoy regiment, who states that he has used *sulphur* successfully in ordinary intermittent fever. He gets better results than the surgeons at the regimental hospitals, as the men consult the officer by preference. The letter is written to Dr. Cooper, who originally recommended *sulphur* for ague, in order to let the doctor know how successful his advice had been.

RHUS TOXICODENDRON IN "SPINAL PARALYSIS."—F. G., aged thirty-five, was thrown from a horse and split his femur. Three months afterward he attempted to work, but was compelled to desist. In fourteen months after his fall his back became sore and painful, which continued until a well-marked antero-posterior curvature (forming an angle about midway of the scapulæ) formed. The curvature is not painful. He is compelled to walk on crutches, on which he bears heavily and moves one leg forward at a time. Pains in the lumbar region around to the right groin and in both legs prevented his sleeping; sensation unimpaired. His pains were aggravated by rest, although motion was painful. He was a hard drinker, and could not be prevailed upon to abandon the habit. His allopathic doctor said he would never be able to do without crutches. Dr. A. McNeil, with *rhus toxicodendron*, from the 30th to the 75m, enabled the patient to walk without crutches and relieved the pain.—*Homœopathic Physician*, February.

CUPRUM ACETICUM IN A PECULIAR CASE.—Dr. R. T. White was called to see Mr. L.—, aged thirty-eight, who was in agonizing suffering from severe clonic convulsions of the muscles of the trunk and lower extremities, the paroxysms coming on every four or five minutes and lasting probably half that time. This was the severest and fourth attack in two years. The history of the seizures was: While walking along the street he was suddenly taken with a peculiar paralyzed sensation in the right leg. He could not move it, nor take another step, this lasting a few minutes, when a severe drawing, cramping pain set in, commencing in the leg, increasing in severity as it extended upward into the abdominal muscles, chest, and even occasionally to the upper extremities. The pain was so intense as to cause him to forget himself and struggle, writhing in agony. After a paroxysm he would go off into a stupor, with labored breathing, from which he could be aroused only with great difficulty. Just before another paroxysm he would occasionally brighten up and answer questions quite intelligently, when suddenly, perhaps in the midst of an answer, his face would twitch and an expression of great suffering come over it, the muscles involved contracting into great hard knots, commencing usually in the calf of the leg or foot—sometimes of one leg, then of the other—and extending into the abdomen, where the pain seemed to reach its greatest severity, the two abdominal recti standing out in hard knots, the face changing to a dark-red color from the intensity of the pain and exertion, the eyes wild and staring, pupils contracted, respiration in quick, hard jerks, pulse ninety per minute. It took the united efforts of the physician and a male attendant to keep him on the bed. Dr. White gave him two grains of the second decimal trituration of *cuprum aceticum*. The effect was marked. The following paroxysm was less severe, and gradually grew less, and in three quarters of an hour had ceased entirely. The patient then slept, a thing he had been unable to do for several days after an attack, even with opiates.—*Medical Advance*, February.

CALCAREA CARBONICA IN EPILEPSY.—Dr. Owens reports the cure of two cases of epilepsy with *calcareæ carbonica*. The remedy was prescribed upon nutritive considerations. Dr. Owens lays great stress upon the regulation of diet in epilepsy.—*Trans. Ohio State Hom. Soc.*, 1888.

NITRIC ACID IN INSANITY.—Dr. George S. Adams, of the Westboro Asylum, in the March *N. E. Medical Gazette*, reports that a woman of about twenty years of age, intemperate, syphilitic, in poor physical condition, was very restless, very destructive of clothing, talked incoherently and continuously, slept little or none, became excited at the approach of anyone, and used much profane and vulgar language. Belladonna, hyoscyamus, stramonium and mercury were used without any improvement. The mental symptoms and the cachexia led to the prescription of *nitric acid* 2x. The patient fully recovered.

ANTIPYRIN IN LARYNGISMUS STRIDULUS.—After aconite and spongia failed, in a case of laryngismus stridulus, in a lady of sixty, Dr. W. M. Decker pre-

scribed *antipyrin*, in tablets, and quickly relieved the patient. The patient had been subject to frequent attacks of croup in infancy, but the stridulous breathing came on after desperate efforts to rescue some children from a burning building, and exposure to cold immediately afterward. The morning after the relief of the difficult breathing, she expectorated a membranous cast from the trachea.—*N. A. Journal of Homœopathy*, March.

ANTIPYRIN IN A PECULIAR CORYZA.—Dr. W. M. Decker treated a male, aged forty-five, who would retire for the night in his usual health, sleep for an indefinite time, wake up, and then suddenly break out in a profuse perspiration, and simultaneously a profuse coryza would appear, accompanied by almost constant sneezing, burning in the nose, and a watery discharge so profuse as to wet two or three handkerchiefs in a short time. *Antipyrin* 1c afforded the patient speedy relief.—*N. A. Journal of Homœopathy*, March.

CALCAREA SILICATA IN ENLARGEMENT OF THE LEFT BREAST.—"A man whose family history is one of cancer was alarmed at enlargement of left breast. It was as big as a school girl's at fourteen—the hardness (which suggested Conium) was altered to softness, ending in a cyst full of fluid, which was totally absorbed under the daily use of *calcarea silicata* 1x, night and morning."—Dr. Ussher, *Homœopathic World*, January.

NAPHTHALIN IN GLEET.—Dr. F. F. Laird reports the cure of three cases of gleet with *naphthalin* 2x trituration.—*Trans. N. Y. State Hom. Med. Soc.*, 1888.

GEISEMIUM IN INCONTINENCE OF URINE.—Dr. Criquelion reports the case of a girl, 10 years of age, with incontinence of urine, which had lasted several years. She could not retain the urine during the day, and at night it would pass without waking her. Micturition was frequent and painless. She was under treatment for ten months, during which time a number of remedies were prescribed, but without relief. *Gelsemium sempervirens* 6x reduced the frequency of micturition and aided the retention in ten days, and three weeks later the cure was complete.—*Revue Hom. Belge*, December, 1888.

VALERIANATE OF ZINC IN OVARIAN NEURALGIA.—Mrs. O——, aged 30, fair complexioned, nervous and hysterical, had for years a stinging and tensive pain in the right inguinal region during the menses, accompanied by pain extending to the stomach, vomiting, pain in the right hypochondriac region and hysterical spasms, which would often change to epileptiform convulsions, with complete loss of consciousness. Uterus normal. Instead of the normal menstrual flow, there was profuse leucorrhœa. Anodynes had been unsuccessfully employed by her former physicians, and general anæsthesia had to be resorted to in the severer attacks. *Valerianate of zinc* 3 was given, the hysterical symptoms and pain ceasing, but the leucorrhœa continued. The valerianate of zinc, at the time of the menses, and *pulsatilla*, in the intermenstrual period, cured the case.—*Medical Current*, March.

LILIUM TIGRINUM IN A UTERINE CASE.—Mrs. G. A. H., aged 35, tall and spare, complexion dark and sallow, who had not been well since the birth of her child (twelve years before), consulted Dr. George Royal for the following symptoms: A dull, queer feeling on top of the head; pain over both eyes, worse on the left side; vertigo, worse mornings; eyes so painful she could not read; eyeballs sore to pressure; a beating, humming sound in left ear continually, and once in a while in the right; has had pain in the left side, under the nipple, for two years. This pain, which is sharp, comes and goes, but there is soreness there all the time. The least exertion causes palpitation of the heart. Must lie on her back, because the palpitation wakes her if she lies on her side (examination revealed no organic heart trouble). Pain in back and hips, worse from walking or standing. Has some soreness of the left ovary. Menses scanty, dark-colored, and accompanied with severe neuralgic pains in the uterus and ovaries during the period. (A vaginal examination was refused.) *Lilium tigrinum* 12 was given three times daily, and by the second month all symptoms disappeared.—*United States Medical Investigator*, January.

CAULOPHYLLUM IN CONVULSIONS.—Dr. E. Hasbrouck relates a case of convulsions occurring in a pregnant woman, to whom gelsemium and gelsemin were given unsuccessfully, and *caulophyllum*, given with the hope of inducing labor pains, cured the convulsions. The patient carried the child six weeks longer.—*Trans. N. Y. State Hom. Med. Soc.*, 1888.

HYOSCYAMUS IN UNCONSCIOUSNESS FOLLOWING PUERPERAL CONVULSIONS.—Dr. B. S. Partridge relates a case of convulsions during labor (the child being extracted by the forceps), and continuing for forty-eight hours afterward, unconsciousness following and continuing for over forty-eight hours. She responded to no medicines until *hyoscyamus* was given. The drug was prescribed on the symptoms of staring and picking at bed clothes and flocks.—*Trans. N. Y. State Hom. Med. Soc.*, 1888.

CACTUS GRANDIFLORA IN OBSTETRICAL PRACTICE.—Dr. Sheldon Leavitt reports a case of miscarriage, followed by hæmorrhage, controlled by the removal of fragments of placenta. The next day the patient suffered from a severe headache, confined to the vertex, associated with a sensation of pressure; pulse, 88; temperature, 105° F.; she complained of vague, abdominal distress, and feared inflammation. *Cactus grandiflora* relieved her headache immediately, and the remaining symptoms disappeared by the next day.—*American Homœopathist*, December.

VERATRUM VIRIDE IN DISEASES OF THE PUERPERAL STATE.—Dr. G. W. Winterburn relates a case showing the efficacy of *veratrum viride* in a puerperal complication. Mrs. S. B., aged twenty-four, primipara, was confined, the delivery being perfectly normal, and occupying four and a half hours. The first six days were without incident; but, following a christening, with the usual accompaniments of feasting and whisky drinking, she passed into a semi-unconscious state, muttering to herself. The face was hot and flushed, and the extremities cold. The pulse, full and bounding, was 160, and the temperature 105.5° F. *Veratrum viride* 3 was given in water, a teaspoonful every half hour. Next morning her temperature was 104.4° F., and the pulse 130. She was fully conscious, and complained of great pain in the pelvic region. In the evening of the same day the temperature was 102° F., and the following morning 99.6 F. She made a rapid convalescence. The grandmother, mother and a sister of this patient died of puerperal fever.—*Transactions Michigan State Medical Society*, 1888.

ARNICA IN RECURRING PARONYCHIA.—Dr. Clark reports the case of a lady who had been under many physicians in this country and in Europe without avail. For eight years, since an attack of scarlet fever, every six months there appeared ulceration around the roots of the finger nails, which eventually fell off, and, when they grew again, were corrugated. There was painful soreness of the ends of the fingers—of the whole phalanx, in fact. *Arnica* 3d and 30th, given daily for six months, cured.—*N. A. Journal of Homœopathy*, February.

FERRUM PHOSPHORICUM IN RHEUMATISM.—Dr. Deschere had a case of acute rheumatism, with intense *hyperæsthesia*, aggravated by motion, or even the idea of motion. Temperature 104° F. Her bed felt too hard. *Arnica* was given without effect. *Ferrum phosphoricum* 6, in water, cured.—*N. A. Journal of Homœopathy*, February.

HAMAMELIS IN VARICOSE ULCER.—By the administration of *hamamelis* 2x internally and the tincture locally, Dr. Oscar Hansen cured in about two months a varicose ulcer of many years standing.—*Homœopathic World*, February.

ARSENICUM IN SEQUELÆ OF MEASLES.—Dr. Gaudy reports good effects from the use of arsenicum in the sequelæ of measles, even in hopeless cases.—*Revue Hom. Belg.*, January, 1889.

PODOPHYLLUM IN CHOLERA INFANTUM.—Dr. Thomas Nichol reports that he cured rapidly an exceedingly bad case of cholera infantum with *podophyllum* 6x trit., prescribed on the well-known indications for that drug.—*N. E. Medical Gazette*, April.

THE DYSPEPSIA OF TOBACCO USERS, according to Dr. J. E. Winans, mostly calls for *carbo vegetabilis*, *lycopodium* and *nux vomica*.—*American Homœopathist*, March.

APOCYNUM IN SLOW PULSE.—Dr. J. E. Winans had satisfactory results with *apocynum* 1000th in a young man, who, while recovering from an attack of pleuropneumonia, had for many days a soft, full, variable pulse of 52 to 56. The patient had used tobacco excessively. His tongue was coated brownish-white. *Apocynum* should be borne more frequently in mind in cases of persistently slow pulse (50 to 60) in acute affections of men much addicted to smoking.—*American Homœopathist*, March.

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INFECTION OF GONORRHOEA AND ITS SERIOUS CONSEQUENCES TO
FEMALES.

BY T. GRISWOLD COMSTOCK, A.M., M.D., PH.D., ST. LOUIS.

(Read before the Missouri Institute of Homœopathy at the Thirteenth Annual Session, at
Springfield, Mo., April 25th, 1889.)

SOME sixteen years ago, Dr. Noeggerath, a specialist of large experience and high reputation, published certain statements regarding the serious effects of gonorrhœa upon women. He insisted that gonorrhœa in man or woman, as a rule, is seldom entirely cured so as to leave no trace behind; he thought that every man who had suffered from it severely was liable to be sterile, and that the wives of men who had contracted the disease were many of them barren, or would probably only bear one child, and if they became impregnated, they were liable to miscarry. Dr. N. also informed us that gonorrhœa in a woman was far more serious to them than to males, and he insisted that a large proportion of females thus infected were liable to have some disease such as perimetritis, acute, chronic or recurrent, salpingitis, or oöphoritis, with a catarrhal affection of all the genital passages. Finally, he asserted that the gonorrhœal infection is so persistent and intense, that a woman is liable to be infected by a man whose attack, although supposed to have been cured, is really latent. From this, it would seem that any poor woman who marries a man who has previously had gonorrhœa, is really in danger of her life.

In discussing the question arising from the above propositions, I am quite aware that I am offering nothing new, but the views of Dr. Noeggerath, that he formulated in a rather positive manner, were regarded by the profession as dogmatic and not in accord with care-

ful observation and experience, so that little attention was paid to them until recently. The author of this paper well remembers when Dr. Noeggerath first proclaimed the above ideas, and at that date, in reflecting upon them, I came to the conclusion that among young men of twenty-one years old, the majority of them in large cities were liable to have gonorrhœa, and if its consequences were so serious as Dr. N. had stated, then few women in married life would be exempt from serious disease. I then (early in my profession) dismissed the statements made by Dr. N., believing them entirely overdrawn, and largely untrue. A wide experience and observation in the diseases of young married women have served to entirely change my opinions. To the young practitioner, gonorrhœa in the female is regarded almost as an undefinable disease; he knows that in the male it is a specific inflammation of the urethra, and he naturally concludes that it is the same in the female. This is the first error as concerns its etiology, for although it may affect the female urethra, yet in the majority of cases it is in the commencement vaginitis or vulvitis, and affects the vulvo-vaginal and Bartholini's glands, and that it is liable to spread to the lining membranes of the uterus, Fallopian tubes and ovaries, in time terminating in salpingitis, pyosalpinx, etc. I have had frequent occasion to observe in practice, where, after marriage, the health of the young wife has from some latent cause given away, and she complains about as follows: She has a leucorrhœal discharge, and difficulty in urinating with an urging to frequently pass her water. She has pains in the lumbar and inguinal regions; and headaches with general malaise; she seems dispirited and with more or less of nervous depression. In some cases the patient complains of marked neuralgic pains in the region of the ovaries and tubes, and in such cases a commencing salpingitis may be present with reflex disturbances in the ovaries. We have often seen innocent young married women suffering with symptoms like the above described, whose lives were rendered miserable thus early in their married career. They were in the enjoyment of the best of health when they were first married, but now after the lapse of a few months, it is found that they are suffering from endocervicitis, endometritis, or perimetritis, and they may chance to fall into a state of chronic invalidism as the consequence. In our experience, repeatedly verified, we find in such cases upon an examination with the speculum, that the os uteri is eroded, a vicious secretion seems to be coming from the uterine cavity, indicating clearly that not only is the whole endometrium affected, but likewise its annexes. From what we have observed, we regard

salpingitis coming from the extension of gonorrhœal infection, spreading through the uterine cavity into the Fallopian tubes, as a cause of sterility. In a few instances we have seen salpingitis to be followed by an extension of the inflammation into the peritoneum and from the experience of some, death has resulted. A paper was read before the Mississippi Valley Medical Association, at Crab Orchard Springs in 1887, by Dr. J. E. Green, of Indiana, giving the details of a number of such cases, and several of them fatal.

As for cellulitis, we have also observed it twice as a complication of gonorrhœa, but we attributed it in both cases to be the result of strong injections of nitrate of silver that had been employed, and, as we believe, carelessly injected into the uterine cavity.

That gonorrhœa is of frequent occurrence in large cities, I need only appeal to the experience of medical men of extensive practice; and that innocent young women should be its victims, is sad, and if we can do anything to prevent such a state of things, it becomes us, as a profession, to act promptly. The first thing is for us to settle the question whether these statements that I have made are true. I was early taught by learned professors in our art, who were the first masters of the profession, that gonorrhœa was merely a local disease, and far less serious in females than in males. In the light of modern science and experience, just the reverse of this is true, and I think no other disease in females runs a more insidious course or has so many obscure symptoms and occasions so much trouble. Noeggerath believes that in males it is seldom thoroughly cured, but remains latent. As for epididymitis, complicating gonorrhœa, I believe fully with Dr. N. that it is rarely ever completely cured. If apparently cured, such patients are apt to be sterile and become impotent before the period spoken of in the Bible as the time when "desire shall fail." Finally, such patients are liable to suffer from disease of the prostate, and we all know the serious nature of that affection.

One argument, that gonorrhœa may induce sterility, is the fact that prostitutes seldom conceive. It has been said that by their mode of life they are "driven beyond conception." This does not explain it entirely, but it must come from the fact that most of them have a latent gonorrhœa, and the vicious secretions passing through the vagina into the uterus are taken up by the Fallopian tubes to the ovaries, and by exciting peri-uterine inflammation, may cause sterility, as well as in many innocent, virtuous women in married life. I think I may say that a large per cent. of the diseases of married

women we are called upon to treat in gynecological practice come from latent gonorrhœa.

At a recent meeting of the Society of Physicians at Hamburg, so astute an observer as Dr. Lomer said that "next to confinement, the gonorrhœal infection is to be regarded as the most important ætiological factor in the diseases of women." Sanger, of Leipzig, asserts that in his experience one-ninth of all the cases for gynecological treatment were of gonorrhœal origin, and that the sequelæ of gonorrhœa were actually more to be feared by women than syphilis. Every expert knows how difficult it is to positively diagnosticate the existence of gonorrhœa, unless by the aid of the microscope we can detect the specific microbes, first discovered and described by Neisser, and it requires a good microscopist to recognize them. They are usually found in the cervical secretions, as the gonococci seem to flourish best in that locality. Dr. Sinclair, of Manchester, England, says there is, strictly speaking, no vaginal gonorrhœa, but that after infection, the disease attacks especially the cervix and endometrium from the start. If this is true we may at once see why barrenness is apt to be a sequel. It is asserted by some of the profession that a pregnant woman who becomes infected by gonorrhœa is liable to abort. I am not prepared to give statistics to satisfactorily settle this question, but I can cite a few instances in support of such a claim. Experience proves that the virus in gonorrhœa is especially liable to be propagated in women who are pregnant, and it is very destructive in its effects upon women a short time after confinement, should they unfortunately contract the disease. A case of this kind came under my observation some eighteen months since. A lady, twenty-four years old, was confined with her first child and two months after was infected by her husband with gonorrhœa. It ran a very rapid and severe course, and she had a purulent discharge and constant pains in the iliac regions. She was under the care of a celebrated gynecologist for some months, who gave her, principally, local treatment by injection, but without relief. She continued to suffer great pains in the region of the Fallopian tubes and ovaries, and a consultation of several physicians was called and the disease was pronounced to be hydrosalpinx and extirpation of the ovaries and Fallopian tubes was advised. The operation was made and the diagnosis was confirmed. In one of the tubes hydrosalpinx existed and in the other a commencing pyosalpinx was found. She made a complete recovery. In another case, a patient of mine, an actress, complained of symptoms similar to the above, but she removed to

New York and was operated upon in the same way for a similar condition of things. I saw her a few days since and she informs me that she is now well. She had borne one child, and was then infected by gonorrhœa from her husband, and suffered constantly for two years after, until the ovaries were removed. I have in mind now several instances where young men had been affected with gonorrhœa but were apparently well, and their physician had assured them that it was safe to marry, and yet, after marriage, the health of their wives suffered greatly.

I have attended recently a young lady who was always in good health until her marriage, and now she is suffering from urethritis with frequent urination, accompanied with great distress. She has a vulvitis and an erosion of the cervix and a discharge from the womb, indicating the existence of endocervicitis, and with all this probably a slight cystitis as an extension of the urethritis. The diagnosis was plain, and upon inquiry the young husband is quite disposed to take all the blame on himself, conceding that he was "exposed" just before marriage. I wish here to repeat that I think gonorrhœa in the female, when it gives much trouble, will be found localized in the cervix and you will be apt to find an erosion quite well developed about the os.

The treatment of such cases requires constitutional remedies in accordance with the symptoms, and local applications besides. Among local applications for the treatment of such cases we would name boroglyceride, subiodide of bismuth, fl. ext. of hydrastis, pinus canadensis and frequent douches of hot water to the cervix. In some cases, where the erosions will not heal, fluid extract of thuja occidentalis, beechwood-cresote, or pyroligneous acid, will be found practical. The internal remedies must be selected according to the symptoms of the case, viz.: Ferrum phosph., gelsemium, aconite, cantharis, iodine, belladonna, natrum sulph., sepia, or platina. I have simply named the special medicines that we find most usually indicated, but we have not time to note the peculiar symptomatic indications for each of them. A knowledge of the *materia medica* will enable the practitioner to select them properly.

RÉSUMÉ.—1. We regard gonorrhœa in the female as being fraught with more serious consequences than it is to the male.

2. The disease may be latent in the male until evoked into vicious action by excesses after marriage.

3. Gonorrhœa in the male usually in the first onset of the disease

affects the pendulous portion of the urethra not far back from the meatus.

4. Injections employed in the early stage may tend to force the infection backwards towards the prostatic portion of the urethra, and if the injection is a strong solution (*e.g.*, lapis infernalis, vel zinc. chlor.) it may set up a prostatitis, epidydimitis, or orchitis, either one of which is a serious complication. It is in these cases that it is possible for the gonorrhœa to remain latent, and the infection may last for a long time (months and even years) and be propagated, although the patient believes himself absolutely cured.

5. In females, owing to the peculiar anatomical structure of their reproductive organs, if they accidentally contract the disease, the whole genital tract is liable to become affected, and the infection to spread to the uterine cavity, Fallopian tubes, ovaries, and even to the peritoneum.

6. It is the experience of gynæcologists that gonorrhœa in women causes many affections that seriously impair their general health, and prove refractory to treatment.

7. When females suffer from uterine catarrh, endocervicitis, and peritonitis, as a result of gonorrhœal infection, they are apt to be sterile, or may, perhaps, bear one child and no more.

8. The most skilful and experienced practitioners all coincide that gonorrhœa is a difficult disease to treat. Seven out of ten cases may readily yield, but the other three will prove refractory, and last weeks and months. This may occur under the most judicious treatment.

9. It is a remarkable fact, and particularly unfortunate, that laymen, and even many medical men, regard gonorrhœa as a harmless non-specific affection. That such a doctrine is entertained is to be regretted. On the contrary, we insist that it is the duty of the profession to enlighten the public, and especially their patients, regarding its consequences and dangers.

10. The laity have a fixed belief that syphilis is never thoroughly eradicated from the system. This is an error. Syphilis, properly treated by a skilful medical man, is usually completely cured, and when taken in time presents less difficulty in its management than gonorrhœa.

Members of the Institute: I have presented to you certain facts, the consequences of which are of great importance in our daily practice, and the object is to call the attention of the profession to the above statements; and if such cases are carefully considered when

they first come under the attention of the physician, they may perhaps treat them more successfully, and withal prevent the serious consequences that females are exposed to when infected. I offer these observations upon a most important subject in the hope that they may incline others who have a large experience to give their views, and enlarge our knowledge upon these interesting facts.

THE GENIUS OF ACTÆA RACEMOSA.

BY AUG. KORNDÖRFER, M.D., PHILADELPHIA.

(Read before the Hahnemann Club of Philadelphia.)

THE fact that our materia medica is rapidly exceeding the limits of memory, persistently confronts us in our daily practice and consequently demands our earnest attention. The younger members of the profession approach its study as a veritable lion in the way, nor dare we wonder at this, when we contemplate the mass of material accumulated in the ten encyclopædic volumes necessary to its publication.

This difficulty should not exist, and in fact the time evidently is fast approaching when it will cease, but how this much-desired end shall be reached remains at present an unanswered problem. A materia medica to be readily utilized must be sufficiently condensed to be convenient, yet to be really serviceable it must be sufficiently comprehensive to clearly set forth the true genius of the remedy. Though it be true that a strict analysis of the symptoms obtained from many provers is the only method through which to secure a thoroughly developed idea of the sphere of action of any given remedy, it by no means holds true that each and every physician must personally assume the task of thus analyzing all the material of our provings in order that he may acquire a practical knowledge of the sphere of action of the many drugs employed in practice. Thus my thoughts ran on taking up a volume of materia medica for brief study. The volume opened at *actæa racemosa*,—therefore, I determined to use it as the text for my paper this evening, my object being to present a mode of study which will enable one to fix in the mind the true genius and sphere of action of the various drugs employed in practice—a condensation entirely consonant with a just appreciation

of the importance of correct symptomatology. I would here remark that to acquire a correct knowledge of any condensation it is necessary that we should carefully *read* at least some full provings of each drug, for in no other way can we ever fully comprehend the true meaning and scope of the shorter work. Only in this way can we recognize the generic symptoms which have given rise to the varied verbal expressions among the provers. Education and environment give type to the expressions of the individual as effectually as nationality gives type to the language of a people. Identical symptoms experienced by different persons give rise to expressions which are varied in accordance with the mode of life and habits of thought of the individual. With such thoughts in view, permit me, in the few minutes allotted to such a paper, to hastily review the symptoms of the *actæa racemosa*. The train of effects characteristic of this drug shows it to be most frequently indicated in nervous and despondent females; thus we find, "dull, heavy, beclouded feeling," which in such patients naturally develops forebodings, nervous fears, imaginings, startings, often accompanied by an oversensitive or unduly irritable state of the special senses (sight, hearing, etc.).

Capricious states of mind, at one time vivacious and then again full of forebodings and melancholy feelings. Mental labor fatigues and causes headache. In harmony with this we find giddiness, or an undefined strange feeling in the head. Attacks of syncope are by no means rare in such nervous subjects, especially in those suffering from uterine complaints. Great fulness of the head is characteristic, and may occur as a leading symptom after suppression of uterine discharges, or of a severe neuralgia. This fulness is often expressed as a "feeling as if the brain were too large for the skull." Another sensation which may be associated with this is a feeling "as if the top of the head would fly off," worse ascending stairs. In some cases a closely related symptom, "as if a ball had been driven from the neck to the vertex, worse at every throb of the heart," is experienced. The neuralgic pains of the *actæa racemosa* may be very severe and may involve any or every part of the head, trunk or limbs. The eye symptoms are in accord with those already given; thus we have fulness, sensation as if the eyes would press out of the head, often accompanied by very severe neuralgic pains. The pain is frequently referred to the centre of the eyeballs and is aggravated from going up stairs. Ciliary neuralgia, worse at night and better when lying down, especially if accompanied by the fulness and the characteristic mental symptoms.

The face, as we might anticipate in such nervous subjects, is commonly pale and inclined to be cold. In feverish states and in delirium the expression is wild, the lips dry and cracked, and the tongue may be swollen. In the neurotic cases the tongue is usually clean and when protruded pointed and trembling.

The gastric symptoms bear evidence of their neurotic origin in the fact that they rarely if ever occur in the male provers, while in the female, in nervous states, especially accompanying uterine and ovarian affections, we find them quite severe. Gastric derangements of pregnancy frequently call for this remedy, a "gone feeling" or faint feeling, and emptiness in the region of the stomach being the most characteristic symptoms in such cases, though nausea and vomiting, worse in the morning, stand closely related in importance. The bowel symptoms present nothing characteristic save a tendency to an alternation of constipation and diarrhœa. The urine is usually increased and of low specific gravity, a condition common to nervous females, though alternate states of scantiness and excess of secretion are marked. Irritable bladder, with low specific gravity of the urine, must not be overlooked. Uterine and ovarian neuralgias are common; the pains are intense and frequently accompanied by bearing down, as if everything would protrude from the vulva. Pain in the small of the back is prominent. The menses are either profuse and early, the blood dark and coagulated; or scanty and but slightly coagulated, the concomitant symptoms being necessary to a choice. The parturient state affords many conditions calling for the actæa; thus, we have cardiac neuralgia, mania, convulsions, especially during labor, suppressed lochia, tearing and distressing, but spasmodic and ineffectual, labor-pains. In all, however, the mental symptoms constitute the most satisfactory guide, and again the rheumatic diathesis often points to this remedy. Though not so frequently indicated in pulmonary affections, it has, however, evidently been of service in some cases of tuberculosis during the incipient stage. We find tickling in the throat with violent cough; dry, constant, short cough, worse at night; cough at every attempt to speak. The pains in the chest appear to be mainly neuralgic in type, occurring in either side or shoot from side to side. Pains in the chest, similar to angina pectoris; the pains spread from the cardiac region all over the chest and down the left arm. Sudden cessation of the heart's action, with impending suffocation, may accompany such cases. The chest pains are evidently neuralgic or rheumatic in character. Rheumatic pains in the muscles of the neck and back, with feeling of stiffness and

contraction, are prominent; also pains in the back, down the thighs, and through the hips; such pains may be accompaniments of uterine affections, in which case we would find the bearing down in the pelvis and the characteristic mental state. The rheumatism affects the bellies of muscles mostly, though joints may be involved; cramping, stitching and aching pains prevail; excessive muscular soreness is quite characteristic. Motion aggravates most of the painful symptoms, though, owing to the nervous condition, the patient may be very restless, desiring frequent change of position. Chorea, motions constant, confined to one side, and accompanied by tremors.

Nervous shudderings, twitching and trembling, are common. In many cases calling for *actæa* the hysterical and rheumatic states appear to be the foundation upon which the complex of symptoms is based, the mental and nervous symptoms always forming reliable guides in the selection of this as of every remedy in our *materia medica*.

AN UNUSUAL CASE OF SKIN DISEASE.

BY EMIL TIETZE, M.D., ALTOONA, PA.

EVERY practicing physician undoubtedly has met, now and then, with cutaneous diseases, which, in strict conformity with the demands of an accurate diagnosis, could not be described correctly under a definite dermatological name. Hybrid forms, partly presenting the features more or less characteristic of several cutaneous affections, are probably more numerous in this class of disorders than in any other. I will describe a case of this kind which, owing to its long duration and stubborn resistance to all therapeutic efforts of an experienced allopathic physician, was pronounced incurable, but promptly yielded to a few homœopathic remedies within a very short time.

About two years ago, a gentleman requested my advice for a somewhat peculiar cutaneous affection, which, appearing at longer or shorter intervals, had tormented him off and on for several years. Of late the attacks had been more frequent and troublesome, greatly worrying him day and night, and depriving him of appetite and sleep. In consequence thereof, he had become weak, irritable and despondent. The present attack had begun about five days ago.

On inspection, I found the skin of the greater portion of the

lumbar, and a small portion of the dorsal region, the nates, scrotum and a large part of the thighs much inflamed, and of a deep scarlet color, sharply marked off against the healthy surrounding, the whole closely resembling an extensive burn of first degree.

The eruption always began with the formation of circular spots of a rosy hue, gradually changing into a deep scarlet color, which cropped out simultaneously on different parts of the body, but most numerous at the localities mentioned. They were of the size of a silver dollar, did not rise above the level of the skin, approached each other more or less closely, and showed a tendency to become confluent, and, in this case, formed a more or less extensive inflamed surface, in which they soon disappeared. But, while the greater number of them lost their identity in this way, there could be seen here and there, also, a few that retained it. For, notwithstanding that some of the intermediate portions of the skin, still healthy and normal in appearance, soon afterwards were rapidly involved in the morbid process, the original spots did not, as previously, disappear in the general inflammation, but gradually assumed a dark red color, and distinctly marked themselves off against the inflamed surrounding by a well-defined circular outline.

These dark spots, upon close examination, were seen to be studded all over with hundreds of exceedingly small vesicles, while those less numerous on the arms and lower legs mostly remained solitary, retained their bright red color, and were not covered with any vesicles.

The several attacks, according to their intensity, lasted on an average from seven to nine days, but sometimes longer. There was, however, at no time during the attack any perceptible vascular or febrile excitement.

On the other hand, the painful sensations connected with the eruption manifested themselves at the very outset, gradually increased in severity till the disease had reached its height, and then gradually abated. This, at any rate, had been the course the trouble had taken under former treatment; a strong proof, I think, of the utter inefficiency of the therapeutic means employed. The pain was of an itching, stinging, but predominantly burning, character, never ceased entirely, and spasmodically appeared with a violence that drove the patient, according to his own words, "nearly frantic." The worst attacks of it always occurred at night, and were rendered almost unbearable by the warmth of the bed. The desire to rub and scratch the affected parts was continuous and irresistible, although

these manipulations afforded but little momentary relief. Bathing with cold water had no better effect.

Usually, in the course of from seven to nine days, the abatement of the trouble manifested itself by a rapid paling of the inflamed skin and a simultaneous decrease of the pain, followed in a day or two by the detachment of a large crop of tiny epidermal scales, especially copious at the dark red circular spots.

This, in the main, had been the course of all the attacks, the one I witnessed included, which, within several years, had occurred at intervals of from two to three or more weeks. All efforts to detect the cause of the disorder remained resultless.

The patient, a telegraph operator by occupation, was a young man thirty years of age, of good physique and nervous temperament. Previous to the appearance of this trouble he had always been very well. He was born of healthy parents and free from any scrofulous or syphilitic taint.

I do not know of any remedy in our *materia medica* which in its pathogenetic effects more closely resembles the affection described than *croton oil*. Ten powders, each containing one drop of the 6th decimal potency, were given the patient, with the direction to take one of them every four or five hours. I forbade, moreover, all external applications of any kind, even those of cold water, advised a simple non-irritating diet and, with the exception of an occasional glass of beer, and did not allow him any alcoholic stimulants.

On his return after a few days, the patient expressed to me his thanks for the quick relief the medicine had given him, stating that the terrible itching and burning had greatly abated after taking the first few powders, and now had disappeared almost entirely, and that in consequence thereof, he had slept with comparative comfort the last few nights. Feels very much encouraged; the same remedy to be taken morning and evening; three days afterwards no trace left of the trouble.

However, four weeks later, the eruption, without any assignable cause, reappeared, but this time in a much milder form, and without any further development, disappeared within a few days upon the administration of *apis mel.* 3x.

From that time to the present day he had no return of the trouble save a slight attack three weeks ago. He had a sore on one of his heels, occasioned by the rubbing of a badly-fitting boot. The allopathic physician alluded to before, an old friend of the family, met him limping on the street, and inquired for the cause of his

lameness. On being told the trouble, this wise disciple of *Æsculapius* advised him to apply, of course, *lege artis medicinæ rationalis*, because those gentlemen never do business with any other firm—a solution of sugar of lead. He did so, and a few days later had the pleasure of seeing the old eruption budding forth again. However, *apis mel.* 3x, as previously, removed every trace of it within thirty-six hours.

The reader will probably ask me how I would name this interesting dermatological monstrosity? As I cannot well evade an answer to this question, I shall give it the proud and euphonious name "*Erythema eczematosum*—benignum sed odiosum, plerumque irritabile, sed arte semper curabile!"

"Auf diese Antwort des Candidaten Jobses
Geschah ein allgemeines Schütteln des Kopses.
Die Einen sagten zuerst: Hm! Hm!
D'rauf die Ander'n: Secundum Ordinem!"

OUR SCHOOL AND ITS PHYSICIANS.

BY J. ARTHUR BULLARD, M.D., SCRANTON, PA.

(Read before the Homœopathic Medical Society of Northern Pennsylvania.)

NEARLY one hundred years have elapsed since the new system of medicine called homœopathy was given to the world. The rapid persistent strides it has made into public use and favor speak more loudly in its commendation than anything it were possible for me to say at this time.

Of its wonderful success in the cure of disease, of its remarkable influence in modifying the dangerous and oftentimes fatal medication of the "regular" school, of the elegance, comfort and convenience of its dosage, many pages could be written, but to you, my fellow practitioners, this would be superfluous and tiresome.

What I especially wish to do and in few words, is to ask this question: Are we, who have so long profited by the studies, the teachings, the lectures and later writings of those who have borne the heat and burden of the school's earlier struggles, occupying an advanced position, or are we retrograding? Are we, as professed homœopaths, striving as we should to advance the best interests of homœopathy?

Are we its true and honest servants? Are we studying to make better cures this year than we did last? Are we individualizing closely and prescribing the single remedy for a totality of symptoms? Or, are we more frequently trusting to the accident or chance of a carelessly selected remedy doing for us what we could insure in action by faithful study and careful painstaking selection?

Homœopathy in the future, as in the past, is what we, its exponents and followers, choose to make it. Loyalty to its principles of cure, industry in work, and a conscientious care in its application, will assuredly place it at the apex of all so-called medical science. Study the old remedies—there is untold wealth in the polychrests, for with good knowledge of their individual powers there will be no temptation to alternate,—no desire to give crude medicines for drug effect, and no need for frequent repetition.

How many of us carrying pocket-cases containing fifty vials can truthfully say that they get the corks out of half of them during three months' active practice. On the contrary, I will venture to assert that the great majority of such cases will show a dozen well-thumbed corks and twice as many almost innocent of blemish. What say you to a better acquaintance with the thirty and eight before resorting to quinine, morphia, sulphonal, antifebrin, and numerous other makeshifts of the enemy?

What a commanding force we would have were we even tolerably conversant with a reasonably good therapeutic knowledge of fifty, yes, twenty-five of our time-honored, well-proven remedies so well-known to Hahnemann, Hering, Guernsey, Lippe, Farrington, and many others, who worked, while we in comparison are nought but idlers.

Think of it, twenty-five medicines the prominent symptoms of each on our tongue tips. Twenty-five, any one of which we would call upon as one would a well-trained and faithful servant when needed, and by comparing the two pictures—drug and disease—select our *similimum* and behold our cure.

No more polypharmacy then; no need for senseless routinism; no shot gun prescribing with its generous display of tumblers; no crude drugs and wizard-like combinations of active principles so constantly forced upon the market by shrewd and cunning chemists; no need then for painful counter-irritants; *no*, I think you will all agree that our success, no matter how good before, would be immeasurably better now.

And another thought! Why be called away from this *important*

matter by the unimportant one of potency. That, I claim, is not a vital issue and certainly should never be a subject for acrimonious discussion. Common sense and expediency, without which no one can be a successful doctor, will settle the question to the individual satisfaction of all, and speaking for myself I honestly believe that if your selection is careful and Hahnemannian, the result will be the best possible and satisfactory alike to patient and physician, whether the drug be given in the first or thirtieth potency.

Therapeutic precision should be our motto and from our chaff-laden literature we should endeavor to glean the true grain of proven and many-times verified symptoms.

The natural unaided tendency of most acute maladies is toward recovery, while it is equally true that chronic diseases, when left to themselves, usually run a fatal course. Fortunately for suffering humanity, we, as followers of the teachings of Hahnemann, are possessed of a law of cure sufficient, with all its imperfections,—or rather with our imperfect interpretations,—that when brought to bear on disordered physiological conditions, acute or chronic, can cry *Halt!* and, if our knowledge of the toxic or dynamic agencies of our remedies is such as to enable us to select the true similimum, the disease is arrested and the perverted action of the organism at fault is changed again into its natural and healthy course.

In other words, we should so treat the delicately organized structures with remedial agents that can act in unison with its wondrous mechanism, and thus aid the natural, already existent and waiting forces to a restoration of health and vigor unknown to any other system of treatment.

Thousands of graves are to-day bedewed with tears whose occupants would now be living had it not been for the death-dealing results of scientific drugging.

Many a master mind and noble heart has been stilled in the name of regular medicine, and many more will yet be sacrificed on the same great Juggernaut altar.

Let us, as followers of the better way and as homœopathic physicians, aid and encourage in every way in our power the interest already started in our public schools, in the study of human physiology. Let the coming man and woman learn to truly know themselves. Have them taught the chemistry of digestion, show them the dangers of drug inebriation, as well as that of whisky and tobacco. Let us work to influence legislation towards the abolishment of legalized poisoning as exemplified by the flood of patent medicines

that inundates our fair land. Give aid and encouragement towards every effort looking toward the prevention of food adulteration, and above all, and first of all, let each and every one of us sit down, as it were, in the privacy of our inner hearts and indulge in a rigid self-examination of our own personal merits, first as physicians, then as *homœopathic* physicians. This self-inspection, if honest, will bear fruit and good fruit, for I claim that a man must of necessity be either an ass or an idiot if, after such self-communion, he cannot find room for improvement.

Let us not forget that the future prosperity of our school depends upon the united efforts of its physicians.

While probably no system of medicine or law of cure can ever be reduced to an exact science, homœopathy is so much more positive in its application, as well as more safe and certain in its results,—to say nothing about its agreeable superiority over all other systems in pharmacy and dosage,—that until some better way is found let us follow the precepts of old Hahnemann and Hering with conscientious fidelity to the law of similars. If we, as a united school, would do this to a much greater degree than heretofore, and with the singleness of purpose that actuated our medical ancestors, the time would surely come when the people would flock to our banners in such numbers that the public health, as represented by its hospitals, almshouses, asylums, and other charities, would soon be in our keeping, and the school so long dormant would step down and out, or be merged with us in the constant and never-ceasing warfare against death and disease.

Ignorance and obstinacy on the one side, coupled with carelessness and indifference on the other side, may long delay it. Generations may pass away without its consummation, but the time will come when our school will awaken to a knowledge of the power of the sleeping Samson they have long had in their grasp; when the mould and mysticism of allopathic prescribing will pass away like chaff before the winnowing breath of reason and enlightenment; and the right to die of old age, a natural death, will be respected by the medicine man of that great day.

PYURIA.

BY CLIFFORD MITCHELL, M.D., CHICAGO.

SEVERAL years ago I contributed an article on pyuria to the *HÄHNEMANNIAN*, and I wish to supplement it by this present paper, in which I bring out more strongly the diagnostic features of catarrh of the prostatic portion of the urethra (neck of the bladder), which

Pyuria: Differential Diagnosis.			
Suppuration in urethra.	Suppuration in neck of the bladder.	Suppuration in the bladder.	Suppuration in the kidney-pelvis.
If urine during one micturition be voided into two glasses, that in the first will be turbid, that in the second clear.	Urine in first glass more turbid than that in the second.	Urine in both glasses equally turbid, and last drops usually very turbid.	
Pus oozes from meatus between micturitions.	Pus sediment shreddy and sometimes surmounted by blood. The shreds may be streaked with blood.	Pus sediment sticky, clings to the glass. Sediment contains triple phosphate, bladder epithelia, and bacteria. Pus corpuscles swollen.	Pus sediment flocculent, not shreddy nor sticky in uncomplicated cases. Pus corpuscles, small. Pus "plugs" seen with microscope.
Reaction of urine usually acid.	Reaction usually acid.	Reaction usually alkaline.	Reaction usually acid, but may be alkaline if cystitis complicates.
Urine in first glass will respond to albumin tests.	Urine may contain more albumin than the pus accounts for. Albuminuria disappears if tenesmus overcome by administration of narcotics.	Urine contains but little albumin and that due to pus. Ammonium carbonate abundant.	Urine contains more albumin than pus accounts for.
24 hours' urine not increased.	Micturition exceedingly frequent. 24 hours' urine usually decreased.	24 hours' urine usually normal.	24 hours' urine decreased in acute cases, greatly increased in chronic.

is much more commonly the cause of pyuria than seems to be generally comprehended.

Suppurative nephritis, following in the wake of other urinary disorders, I will not consider here. The reader is referred to my article in the *North American Journal of Homœopathy* for August, 1888.

The urine in the course of a suppuration in the neck of the bladder frequently contains considerable albumin, so that there is danger

of mistaking the case for one of nephritis.* Moreover, the small, round epithelial cells from the neck of the bladder being swollen by inflammation, are not easily told under the microscope from altered renal epithelium (Ultzmann). Hence we cannot always rely on an examination of the urine alone.

The diagnosis becomes much easier if the history of the case be known, and a detailed examination of the patient made. Collect the urine of 24 hours and measure it. If the case is plainly a chronic one, and the urine of 24 hours is greatly increased, say to six pints or upwards, the disorder is much more likely to be chronic pyelitis than any trouble of the vesical neck. Polyuria is constantly found in chronic pyelitis, but is not characteristic of catarrh of the neck of the bladder. In acute pyelitis, however, this diagnostic feature is wanting, the urine being seldom increased in quantity but usually decreased. I have found that in those cases of catarrh of the neck of the bladder which have come under my observation, the urine of 24 hours is very much decreased. Ultzmann says that as low a figure as 700 c.c. in 24 hours is not uncommon in catarrh of the vesical neck following gonorrhœa. So in this respect the urine of catarrh of the neck of the bladder resembles that of acute pyelitis. If there is a febrile disturbance the chances of acute pyelitis are good, for the latter often begins with a chill. We often find pyelitis accompanying various acute febrile disorders as, for example, typhoid fever. But on the other hand there is nothing to prevent a patient with catarrh of the bladder being seized with an acute febrile process, and you may see him just after he has had his chills. In order not to be misled proceed as follows:

First. Prove presence of pus in the urine, and find albumin more than a trace, often as much as one-tenth of one per cent. by weight. Prove absence of tube-casts and find none of the well-recognized symptoms of diseases of the kidney parenchyma.†

Second. Prove absence of chronic pyelitis by finding urine of 24 hours not increased. (Make as many 24-hour collections as possible, the patient beginning on an *empty* bladder in the morning, rejecting the urine voided on rising the first morning but including that voided the second morning, and ceasing to collect thereafter.)

Third. Take note of the micturitions of the patient, whether about normal or very frequent and painful.

* Ultzmann seeks to explain the albuminuria of this condition on the theory that there is hindrance to the outflow of urine from the ureters.

† See *North American Journal of Homœopathy* for May, 1888.

Fourth. Cause him to void the urine into two glasses. (See table.)

Now, if after some or all of these precautions in observation we find :

1. Pus and possibly blood in the urine, or pus-shreds streaked with blood.

2. Albumin possibly more abundant than pus accounts for.

3. Quantity of urine in 24 hours not increased but less than normal, or very much decreased.

4. Micturitions frequent; every fifteen minutes or half hour not unusual. Intense pain at beginning and at end of micturition, and exceedingly painful tenesmus with perhaps a slight flow of blood at the close of micturition.

5. Urine in first glass more turbid and full of pus than that in the second.

6. No discharge from urethra.

The condition is due to inflammation of the *neck of the bladder*, and on exploration the maximum pain will be felt just as the instrument enters the bladder.

If, on the other hand, we find pus in the urine with more albumin than the pus accounts for, quantity of urine reduced, a febrile condition present, pain on pressure over the region of the kidneys, the condition is doubtless acute pyelitis. The discovery of short, thick tube-casts will aid one in making the diagnosis, but it is not always possible to find them. Calculous pyelitis may give rise to symptoms suggesting catarrh of the vesical neck until small stones are voided, when the frequency of micturition will become less.

There may, however, be present in one case both catarrh of the vesical neck and that of the kidney-pelvis.

In such a case the pyelitis must have been either primary or secondary, and we must inquire at once for history as follows: *Primary pyelitis*: History of pus in the urine originally *without* frequency of micturition, tenesmus, etc., followed by pus in the urine *with* frequency of micturition and tenesmus as the process invades the vesical neck; lastly, pus in the urine again without frequency of micturition and tenesmus as the process ceases in the vesical neck but is still persisting in the kidney-pelvis. History of pain in the back and of fever. *Secondary pyelitis*: Acute, has history usually of recent gonorrhœa, stricture, prostatitis, hypertrophy of prostate, or paresis of bladder; chronic, shows great increase of 24 hours' urine, with absence of pain in back and of tenderness.

If acute secondary pyelitis exist at the same time with catarrh of

the vesical neck the diagnosis may be difficult as regards the pyelitis, but the vesical catarrh will show itself by increased frequency of urination, tenesmus, and the like. If there is also pain in the back, fever, and the characteristic pus "plugs," short, thick, cylindrical aggregations of pus corpuscles are found with the microscope, the presence of pyelitis may be inferred. Chronic secondary pyelitis in a patient suffering from catarrh of the vesical neck may be suspected by the great increase in 24 hours' urine.

A typical case of pyuria, due to disorder in the prostatic urethra, is shown by the following:

On November 1st, 1888, I was called in consultation by Dr. E. E. Gwynne, to see a case which had been treated for several years by different physicians without much benefit. The patient was a male 23 years of age, weight 132 pounds. Five years ago had abscess of left kidney; said that, at the time, about a quart of pus was removed in two aspirations; had not been well since, though able to attend to business; for the last year unable to retain urine longer than an hour and one-half during the day, and from thirty to forty-five minutes at night; now complains of a sense of weight and pressure in the region of bladder; burning pains on urinating; symptoms not ameliorated by either exercise or rest; no thirst; no pain in region of kidneys; has been sounded a number of times without result; Dr. Gwynne had prescribed closely the remedies which seemed to be indicated homœopathically but without effect.

I first examined a specimen of urine sent down to me by the patient, and found that the twenty-four hours' quantity was reduced to twenty-six fluid ounces, or 780 c.c. In the sediment I found pus in shreds and separately; also blood. There was to be seen epithelium, both tailed and round. The urine was acid and there was more albumin than the pus would account for. Examining the patient with Dr. Gwynne, we could elicit no facts relative to recent pain anywhere at all save in the neck of the bladder and on urinating. The freshly voided urine was acid in reaction. So also was it after standing even as long as twenty-four hours. The patient in a few days reported the frequency and urgency of micturition as very great. The diagnosis of catarrhal inflammation in the neck of the bladder was made; origin unknown. Some weeks later Dr. Gwynne reported that the diagnosis was confirmed by operation and that some ulceration was found. The patient made a good recovery and at no time did the temperature exceed 103°. The tube was removed on the fourteenth day.

April 2d. Dr. Gwynne reports patient hard at work, and that he has gained twelve pounds since the operation. At times voids a little blood still. Obtaining some of the urine I find a little pus in it, but nothing like the amount of old. Patient rises once or twice at night still.

A NEW AND SCIENTIFIC MATERIA MEDICA BASED ON PURE PATHOGENESY.

BY THE MEDICAL INVESTIGATION CLUB OF BALTIMORE, MD.

FOR some time past much dissatisfaction at the state of our materia medica has existed on all sides; and it is evident from recent events that the medical mind is taking a deep and unusual interest

in plans for placing this branch of medicine on a more scientific and therefore firmer foundation.

The following study of *bryonia alba* is herewith presented as the type of a new materia medica; a type illustrative of a new method of studying and reconstructing the homœopathic materia medica upon a strictly scientific basis.

In the fall of 1887 the Medical Investigation Club of Baltimore, Md., turned its attention to the study of drug provings, with purpose of reaching, as far as possible, the day-books of provers of the drug studied, and the elimination of untrustworthy or uncorroborated symptoms. At first this line of study was confined to drugs, the original records of which were easily attainable. The *Cyclopædia of Drug Pathogenesis*, endorsed by the American Institute of Homœopathy, soon, however, afforded material which, though not theoretically perfect, we considered the most reliable publication of provings extant on which to base materia medica study.

After considerable experimenting to find a plan of work best calculated to give accurate results, the club finally, late in January, 1888, adopted the plan upon which its work is now based, and which may be termed the *synthetic method*. In selecting a plan the object to be attained was twofold; first, to eliminate all untrustworthy symptoms (even some provings admitted to the *Cyclopædia* being in part or wholly omitted by us as belonging to the untrustworthy class); and, secondly, the exclusion from the pathogenesis of all symptoms occurring in but one prover, not because worthless, but as needing further verification.

The method adopted divides the study of drugs into three departments; first, history; second, symptomatology; and, third, therapeutic application.

Too little is generally known by homœopathic physicians of the history of the drugs they use; and hence, to supply the deficiency long felt in books on materia medica, we have given the technical classification of the drug, its pre-medical history, first introduction into medicine, when and by whom first proved, etc.

Again, the pathogenesis has two subdivisions: 1st, a statement of general drug action drawn from a careful study of the provings and the poisonings; and, 2d, the distinctive drug effects, to each symptom of which a numerical exponent is attached. This exponent indicates the number of provers who have experienced the symptom.

Having adopted the *Cyclopædia of Drug Pathogenesis* as a working basis, we have in some instances added records to this collection

from what we consider to be reliable sources, thus enhancing the value of the symptomatology.

While it is not denied that remedies used in high attenuations relieve diseased conditions, yet the twelfth decimal has been fixed upon as the limit for dilutions in drug provings both by the editors of the *Cyclopædia of Drug Pathogenesis* and by the general profession, and this ruling has also been adopted by the Club.

Early in our work the question of the proportion of provers to each symptom to be recorded in the composite symptomatology or synthesis was discussed, and after canvassing the advisability of various percentages, we finally adopted the rule that only symptoms experienced by two or more provers should be recorded. Upon putting this rule to the test, we were astonished to find how large a number of symptoms were left in the original proving-records awaiting future verification. (That is to say, we were surprised to find how many of the symptoms at present recorded in our works on materia medica are to be found in *one* proving only.) It also became obvious to us, that if a much larger proportion of symptoms were excluded, the new plan of work when brought to bear upon drugs with less than, say, forty provers, would be more than iconoclastic for it would not only demolish the *ikon*, but it would threaten the very foundation of our pathogenesis, the general sphere of drug action; and to deliberately do this would insure our mistrust of pathogenesis (and upon pathogenesis homœopathy itself is based), simply because few other details would find place in the final symptomatology than those indicative of local gastric and bowel symptoms, reflex head symptoms, and a few others of a like nature. Especially is this true of vegetable drugs. This would occur with disheartening persistence in nearly every drug (which had not forty or more provers), and in consequence the materia medica would be resolved into a collection of pathogeneses of substantially similar symptoms, and with probably no single pathogenesis possessing sufficient individuality to be differentiated from its congeners as distinctively homœopathic to any given case of disease. After an experience gained from the reconstruction of over twenty drugs, we feel assured that our decision was a wise one, and, consequently, in the synthesis of drug effects each symptom has as an exponent the figure corresponding with the number of provers who experienced the given symptom (as hereinbefore explained), and by comparing the exponent of each symptom with the total number of provers of the drug under consideration, its percentage value may be found. This allows the prac-

tioner to judge of the pathogenetic weight of each individual symptom; nothing of value is omitted, and he can use all the symptoms, or he can reject all but those having high-value exponents.

Our plan excludes all adventitious symptoms, and retains only such as it is reasonable to suppose were produced by the drug; likewise all clinical symptoms are rigidly excluded from the symptomatology.

The conscientious desire to attain exact results has in many instances led to a very meagre schema, but this is simply the severe and truthful reply to the oft-reiterated demand for a pure pathogenetic materia medica. This very meagreness must lend emphasis to the necessity for a re-proving of drugs on a more systematic basis. Many of the finer drug effects that may not be elicited by legitimate inferences from the general sphere of action must, therefore, remain to be educed from these future re-provings.

The third department, that wherein the pathogenetic details are adapted to therapeutic uses, is probably the only instance on record of the adaptation of pure pathogenesis to therapeutics.

By the proposed method of studying symptomatology many of the inaccuracies which characterize the existing homœopathic materia medica may be remedied, and we submit the accompanying illustration to the medical profession for consideration, believing that this plan is the form under which the homœopathic materia medica of the future will appear, and the adoption of which will result in the possession of a materia medica which will be in a true sense "pure," and which may be used by all students of scientific medicine as a reliable record of drug effects on the human system.

BRYONIA ALBA.

HISTORY.

Bryonia is a genus of twining plants belonging to the natural order of Cucurbitaceæ, from which we also obtain *colocynthis cucumis*, *citrullus* (water-melon), *cucurbita* (squash), *momordica balsamum*, and *elaterium momordica*.

The name is derived from the Greek verb *Bpíw*, to push or germinate, in allusion to the vigorous and rapid growth of its annual stems from the perennial root.

According to Linnæus there are thirty-three species of *bryonia*, though Loudon, in his *Encyclopædia of Plants*, gives but seventeen.

The most important of these are *bryonia alba* and *bryonia dioica*. The latter appears to be a native of England, while the *bryonia alba* is indigenous only to the northern and middle parts of Europe, being quite common in Germany and France, and was the species proved by Hahnemann.

Bryonia alba, also known as *bryonia vera*, *vitis alba*, white bryony, and wild hops, is an herbaceous, perennial, high-climbing plant. It grows amongst thickets, hedges, and along fences, its climbing stalk sometimes attaining the height of many feet by means of lateral twisting tendrils after the manner of a cucumber, to which, as we have seen, it is botanically allied.

"It is glabrous, creeping, channelled; its leaves are alternate, angular, hispid, tuberculous on both sides, rough to the touch, palmated, five-lobed, the middle of which is trifid, elongated; flowers axillary, monœcious, in bunches, the male being supported on very long peduncles; the female larger than the male; calyx five-toothed, sharp, corolla five divisions; stamens five, of which four are united two and two by the filaments and the anthers, the fifth free; berries round, black, polyspermous," about the size of a pea. The root is spindle-shaped, sometimes branched, a foot or two in length, and as thick as a man's arm, or at times even as large as the thigh. It is fleshy, succulent, and a pale box color (white) within, externally a yellowish-gray color and circularly wrinkled; is acrid, bitter and disagreeable to the taste, and of a nauseous odor, which is in a measure removed by drying. It is preserved in circular transverse slices, becoming darker by age; is light, brittle, and readily pulverizable. It contains a peculiar bitter and poisonous neutral extractive principle known as bryonine in about two per cent., which is probably a glucoside, and to which it seems to owe its properties. Bryonine is a yellowish-white substance, sometimes with a red or brownish tint, soluble in water or alcohol, but not in ether. On boiling, the solution sugar is formed, and a resin known as bryoretine is precipitated. The taste of bryonine is at first sweet, then styptic and extremely bitter. Besides this extractive are found starch in considerable quantity, gum, resin, sugar, a concrete oil, albumin, and various salts.

The *bryonia dioica* or red bryony, also known in England as the common bryony, is the only British species, and bears such very close resemblance in character and properties to the *bryonia alba* that great care must be taken not to confound them. They are by some botanists considered as merely varieties of a single species, differing in

little else besides the dioecious flowers and the color of the berries, which are red, and which are used for dyeing.

The young shoots of both species are, however, free from acrid and dangerous qualities, and are used as pot-herbs, though goats are the only quadrupeds said to eat this plant.

The bryonia Abyssinica is the only species the root of which is not acrid and purgative, and which, when cooked, is said to be eaten without danger. But the readiness with which the roots of other species yield their poisonous properties to water enables them to be utilized for food under necessitous circumstances. It is said that during the French Revolution the scarcity of potatoes occasioned considerable use of the green bryony root, which, after having been well macerated in water and highly seasoned, was found to be quite palatable and very nutritious. For this purpose the roots should be gathered in autumn and winter, and from their size we can well understand their value as a food product. Gerarde says: "The Queen's chief chirurgion, Master William Goodorus, shewed me a roote hereof, that waied halfe an hundred waighte, and of the bignesse of a child of a yeere old." Loudon states that the roots have been formerly by imposters brought into an human shape, carried about the country and exhibited for mandrakes to the common people. The method practiced was to open the earth round a young, thriving, bryony plant, fasten a suitable mould close to the root, and then to fill in the earth about the root, leaving it to grow to the shape of the mould, which is effected in one summer. But one species of bryonia is indigenous to the United States, known as bryonia Boykinii.

The medicinal virtues of bryonia were well known to the ancients, as both Pliny and Dioscorides recommend the juice in epilepsy; and it was used in other cerebral affections, as well as in dropsy and many other complaints, the more prominent among which were its anthelmintic and emmenagogue qualities.

It was at one time much employed in rural pharmacy, chiefly on account of the powerful drastic properties of its root. In France the juice is a common domestic purge, procured by cutting off the vine, scooping a hole in the root, and collecting the fluid that exudes into it. On account of this powerful purgative property, the root is called by the French "*Navel du Diable*," or devil's turnip, and in overdoses has proved extremely dangerous and even fatal.

The fresh root is capable of blistering the skin, and was used in rheumatic affections and for removing extravasated blood.

The greater number of the species are also active. Bryonia Afri-

cana is used at the Cape of Good Hope as an emetic and purgative; bryonia callora in India as a vermifuge; and bryonia epigea is regarded by the Hindoo physicians as one of their most valuable remedies in dysentery, inveterate venereal affections, and as a vermifuge.

Bryonia alba was among the earlier drugs proved by Hahnemann, and appeared first in Vol. II. of his *M. M. Pura* in 1816, the pathogenesis containing 781 symptoms from himself and six fellow-provers; but we have no means of knowing the preparation used by them.

The re-proving by the Austrian Society, though by some termed "unnecessary," is the only one in the present state of our knowledge on which to base a true pathogenesis; and even the records of many provers of this series are omitted on account of their having taken the bryonia dioica. The tincture was the chief preparation used in these experiments.

Bryonia readily yields its active principles to water. Allen recommends a tincture from the whole plant when in flower. The *American Homœopathic Pharmacopœia* directs the fresh roots to be used, gathered before the plant is in bloom.

Bibliography.—Rees's Encycl. of Arts, Science, and Literature; J. C. Loudon, Encyl. of Plants; National Encycl., 1847; Edinburgh Encycl., 1830; New American Encycl., 1860; English Encycl., 1854; Johnson's Encycl. of Universal Knowledge, 1877; Chambers's Encycl.; Allen's Encycl.; Cycl. of Drug Pathogenesis, Dake & Hughes; Hemple and Arndt's *M. M.*; Phillips's *M. M.* and Th., 1879; Farrington's Clinical *M. M.*; American Hom. Pharm.; U. S. Pharmacopœia.

PATHOGENESIS.

In preparing this study of bryonia the *Cyclopædia of Drug Pathogenesis* alone has been used. Although the *British Pharmacopœia* allows bryonia dioica to be substituted for bryonia alba, yet this substitution is not admissible here, and, therefore, the provings of bryonia alba only are utilized. The provings of bryonia dioica found recorded in the *Cyclopædia* are by Dr. William Huber, Dr. Watzke, Dr. Würstel, and Aloys Loewy, a dentist, who are noted respectively as provers 4, 13, 17, and 18. Besides these, four poison cases are also excluded. The latter are cases 1 and 7, results of bryonia dioica; case 2, which is purely clinical; and case 3, which is too vague.

All the remaining reports have been utilized. They consist of tests made with preparations of bryonia alba, ranging from the freshly-expressed juice up to the 8th decimal dilution, in all of which cases the drug was administered by ingestion only. Cases 4, 5, and 6 of the poisonings have also been used. The synthesis is therefore drawn from twenty-three cases in all.

GENERAL SPHERE OF ACTION.

Bryonia alba, in common with a large class of our most useful drugs, attacks the nerve centres of vegetative life. Hence we find much functional disturbance throughout the organism; but in so far as we are able to discover, there is no unvarying sequential order in which the various tissues of the body are affected.

As shown in post-mortem appearances in the lower animals, dead from effects of the white bryony, the mucous membrane of the respiratory tract becomes congested and even highly inflamed; the lungs becoming so profoundly affected as to sink in water. The intestines are inflamed, with ulcerative tendency, and the liver and the kidneys also show an abnormally plethoric condition.

The serous tissues are also affected: the cerebral and spinal meninges are congested, and even the vessels of the brain are too full of blood, while the pleural sac is inflamed.

These post-mortem lesions, which have been found in dogs and rabbits, probably exist to a greater or less degree in the human prover, as is suggested by both objective and subjective symptoms of the drug.

Furthermore, we have from man satisfactory evidence of the action of *bryonia alba* upon the muscular system and upon the circulatory apparatus.

SYMPTOMATOLOGY.

(Provers, 23— men, 20; women, 3.)

Generalities.

Languor.² Weakness.³ Lassitude.⁷ Disinclination for work.³

Fatigue.³ Prostration.⁷

Pains in various parts of the body.³

Mind.

Irritability.³ Morose, ill-humor.⁴ Depression of spirits.⁴

Feeling of anxiety.³

Head.

Confusion of head.⁶ Vertigo.⁸

Headache.¹⁷ Character of pains in the head: pressive,¹⁰ pressing from within outward,³ drawing,³ dull,⁴ sharp,³ tearing,² throbbing.³

Headache in frontal region:³ pressive,⁵ dull.³

Headache in temporal regions:° pain in right temple,° in left temple.²

Headache in frontal *and* temporal regions:⁵ pressive in character.³

Pressive pain over left eye.³

Pressive pain in forehead and occiput.² Pressive pain in temporal and occipital regions.³

Parietal headache.² Pain in the occiput.⁷

Sensation of heaviness of the head.² Sensation of weight in head.²

Sensation as if scalp were stretched.² Tenderness of the scalp.²

Eyes.

Lids swollen and reddened.² Irritation at right inner canthus.²

Lachrymation of right eye.²

Pressive pain in eye:³ in right eye.³

Vision indistinct.²

Ears.

Noises in ears:⁵ whizzing in character.²

Nose.

Epistaxis.²

Frequent sneezing.⁵ Nasal catarrh:⁶ with fluent discharge.²

Face.

Sensation of drawing or stiffness of face.²

Perspiration on the forehead.²

Mouth.

Taste: bitter,³ sweetish,³ insipid,³ pappy.²

Tongue: dry.² Tongue coated:³ with white coat.²

Saliva: excessive flow of saliva.⁴

Teeth: toothache:⁴ on right side,² in upper molars.²

Throat.

Irritability of the throat.⁹ Scraping sensation in the throat.²

Sore throat² Hawking of mucus from throat,⁴ with disagreeable taste of sputa.² Tough discharge from throat adhering to palate.²

Dryness of palate.²

Stomach.

Appetite impaired;⁹ complete anorexia.⁵

Thirst.⁶ Desire for wine.²

Eruclatations:⁷ tasting of food eaten;² empty eruclatations.²

Nausea.⁷ Sensation of fulness of the stomach.⁵ Gastric region sensitive to pressure.² Sensation of pressure in the stomach.⁴

Feeling as of a stone lying in gastric region:³ expressed by two provers, as a pressure as if from a stone in the *stomach*.

Pain in the stomach:⁵ constrictive in character.²

Uneasiness in region of stomach.³ Sensation of heat in stomach.²

Abdomen.

Pain in umbilical region:⁵ coming suddenly;² pinching in character.²

Stitches in umbilical region.²

Pain in hypogastrium.²

Pain in inguinal region:⁴ in left inguinal region;² the pain is pressive in character.²

Abdomen distended:⁶ tympanitic.²

Pains in abdomen:¹² griping;⁷ pinching;⁴ griping and cutting.²

Intestinal disturbance (*i.e.*, rumbling, pain, distension, etc.), followed by loose stool;⁵ followed by passage of flatus;² relieved by stool;² relieved by discharge of flatus.²

Anus and Rectum.

Sensation of heat in anus:⁵ burning in anus following diarrhoea.⁴

Stools cause soreness of anus.²

Sensation of heat in rectum:³ burning in rectum following diarrhoea.²

Stool.

Constipation:⁹ with small,⁴ hard motions,⁵ and urging to stool.⁴

Diarrhoea.⁸ Loose stools:⁵ watery,³ fluid,³ liquid.²

Stools soft,⁶ copious,⁴ loose with discharge of flatus,³ acrid,² papescent.⁴ Loose, offensive stools.²

Inclination to stool.⁵ Urging to stool:⁵ preceding the action.⁴

Pain in abdomen preceding stools.⁵ Rumbling in abdomen with urging to stool.² Stool followed by sacral discomfort.²

Emission of flatus:⁹ offensive flatus.²

Urinary Organs.

Frequent micturition.⁵ Urine increased in quantity.⁶ Urine increased in quantity and passed frequently.³

Urine scanty:⁴ and hot.³ Urine highly colored.³

Respiratory Organs.

Quality of the voice altered;⁴ hoarseness.³

Cough:⁷ dry cough;⁵ cough with expectoration of mucus,⁴ which is greenish in color;³ irritation of the larynx with cough,³ which is caused by tickling.³

Respiration impeded:¹⁰ the cause expressed, as constriction of the chest,⁶ or as oppression;⁶ the breathing is accelerated,⁴ and there is inclination to breathe deeply.³ (Sighing?)

Pressure in right side of chest.³

Pains in the chest:¹² confined to the sternal region.⁵

Pains in the sides of chest:⁷ left side,⁶ right side,⁶ both sides.⁴

Chest pains are stitching⁷ (stitching in the evening²); aching;³ shooting;³ tearing.³ They are also pressive,³ or throbbing.³

The pains are aggravated by movement of chest muscles:⁵ by inspiration.³

Pectoral muscles are sore to touch.³

Heart and Pulse.

Oppression in cardiac region.³

Heart's action is quickened.⁵ The pulse is strong;³ full and hard.

Neck and Back.

Pain in the neck:⁴ drawing,³ tearing.³

Stiffness in muscles of neck.² Drawing in the nape.³

Pain in dorsal region.³

Drawing between shoulders.³

Pain in lumbar region:⁴ tensive;³ dull ache.³

Pressure in loins.³

Pain in sacral region.³ Pain in sacro-iliac region.³

Pain in sacro-lumbar region,³ tensive in character.³

Tension in the sacrum.³

Limbs.

Tired feeling in the limbs:⁴ lower limbs.³ Pains in the limbs:³ drawing in character.³ Severe pains in ligaments of limbs.³

Pains in joints.² Pains specified as occurring P.M.⁴

Pains in limbs are aggravated by movement.²

Upper limbs :

Pains in shoulders :² in right shoulder,² in left shoulder,² in both.²

Shoulder pains are tearing,² rheumatic.²

Stitches in left shoulder.² Powerless feeling in shoulder on attempting to move arm.²

Pains in arms :² in right arm,² in left arm,² in both arms.²

The arm pains are drawing,⁴ tearing,² stitching.²

Pains in elbows.²

Pains in forearms :² in right forearm,² in both forearms.²

Forearm pains are drawing,⁴ drawing tearing,² pressive tearing.²

Pain in wrist :² in both wrists.² Wrist pain is drawing in character.²

Pain in hand.²

Pains in fingers :² in finger-joints,² fingers and finger-joints painful and swollen.² Finger pains are tearing,² drawing,² stitching,² and are aggravated by movement.²

Lower limbs :

Pain in hips :² right hip,² left hip.² Hip pains are aggravated by movement.²

Pain in the knee :² in left knee,² in right knee.⁴

Knee pains are drawing,² tearing and drawing,² "rheumatic,"² and are aggravated by motion.⁴

Tendency to disintegration of skin of knee-joint.²

Great weakness in the knees.² Knees feel tired.²

Pains in leg :² left leg,² right leg,² both legs.²

Pains in calf :⁴ left calf.²

Pains in shin :² left shin,² both shins.²

Leg pains are drawing in character.²

Pains in ankle :⁴ right ankle.²

Pain in foot :² in instep,² in heel.²

Cramp in sole of foot.²

Foot pains are drawing in character.⁴

Pain in toes :² of right foot,⁴ both feet,² of right great toe,² of left great toe.²

Toe pains are drawing,⁴ or tearing.²

Skin.

Skin eruption :² of a vesicular character.²

Eruption on the back.²

Skin of knee-joint irritated.²

Itching of different regions of the skin:⁵ of the skin of the back.²

Burning pain in skin.²

Perspiratory function stimulated.²

Aggravations.

Pains in general are worse from motion:¹² of chest⁵ (by deep inspiration²), limbs,² hip-joint,² knee.²

Headache aggravated by motion.²

Pains aggravated from touch.²

Ameliorations.

Perspiration relieved rapid pulse.²

Abdominal pains relieved by emission of flatus.²

Pains better from movement:⁴ pain in leg "going off while walking."²

THERAPEUTIC APPLICATION.

In the light of the foregoing synthesis the following pathological conditions are suggested, in which bryonia alba may be employed with reasonable expectation of beneficial results:

Headache.—The pain is located either in the frontal, temporal, or occipital region. Its distinctive character is pressive, a pressing from within outwards, as though the head were too full of blood, which is probably the case. The headache may, therefore, be considered of the congestive variety.

The headache is sometimes present in typhoid fever, gastric disturbance, or simple cerebral congestion.

Meningeal Inflammation.—When the membranes of either the brain or spinal cord are inflamed the drug should be studied.

In the former trouble headache is prominent; there is the pressive sensation from within outward, and a dull heavy feeling of weight in the occipital region. The head is confused and vertigo is present. As reflex symptoms there may also be nausea and emesis.

Nasal Catarrh.—When there is frequent sneezing and lachrymation, with fluent nasal discharge, headache, and other concomitant symptoms of the drug, bryonia is indicated. Epistaxis may also be present from congestion of the mucous membrane.

Acute Angina.—When the inflammation has extended down the respiratory tract from the nares, the throat may become irritable, causing a scraping sensation which induces hawking, with the result of raising tough mucus, which adheres to the velum palati. The latter feels dry; the mucus may have a disagreeable taste.

Laryngitis.—There is hoarseness of the voice, tickling in the larynx, with dry cough and mucous expectoration. Bryonia may be thought of in croup.

Bronchitis.—The mucous lining of the bronchial tubes is inflamed, and there is a dry cough, with pain in the chest, on deep inspiration; also a sense of constriction of the chest, and the breathing is accelerated. In the early stage the drug is probably best indicated.

Pneumonitis.—When the inflammation has extended down into the air vesicles there will be the characteristic dry cough, with mucous expectoration, which is sometimes greenish in color. The breathing is accelerated, with a feeling of oppression and an inclination to breathe deeply, which is checked by the acute pain thus caused. The heart's action is accelerated, there is thirst, and the patient is more or less prostrated. The pain may come only when inspiring deeply, or it may be continuous; in the latter case movement always aggravates. Should the pain be continuous it will be stitching, shooting, tearing, throbbing, or pressing; but whatever be the particular variety, the pain is characteristically *acute*.

The physical signs we would expect to be those of the first stage of pneumonia; but even in the period of hepatization, if the general symptoms of the drug be present, it should be prescribed.

Pleuritis.—The febrile signs and acute chest pains, which are aggravated by every movement, together with the dry cough, point to this painful malady. Probably no drug is more homœopathic to pleurisy in its outset.

Derangements of the Digestive Organs.—The digestive organs manifest numerous signs of derangement.

In *dyspepsia* the tongue is coated, there is a bitter taste, anorexia, sense of fulness of the stomach with pain; also a feeling as of a hard substance lodged therein like a stone. There are nausea, eructations of ingested food, and even retching, with emesis. There may be also decided thirst, to quench which the patient may find wine especially to his liking.

With the gastric symptoms the head may ache, in which case

the frontal region will be affected, the pain being of a dull pressive character.

Colic should find relief from bryonia when the abdomen is distended and there are pains over the whole abdomen, accompanied by griping, pinching, cutting, and acute generally, being relieved by the passage of flatus and by loose stool.

In *diarrhœa* the stool is preceded by pain and rumbling in the abdomen, with tenesmus. The stool is loose, sometimes watery, offensive and copious, but without characteristic color. Sometimes the stools are acrid, in which case there is burning in the rectum and anus following the evacuation, but there is no objective exco-riation.

The opposite condition of *constipation* of the bowels may exist, in which case the stool is small and hard, and attended by more or less tenesmus.

Urinary Organs.—The urine is passed frequently in large quantities; hence bryonia should be studied in diabetes insipidus.

The urine may also be scanty, and in the early stage of nephritis the drug should be reviewed.

The Circulatory System.—In irritable heart, and in inflammation of the cardiac tissues, the drug may prove beneficial.

The Muscular System.—Rheumatism. If there be any truth in homœopathy, then bryonia is *par excellence* a rheumatic remedy. The drug produces muscular pains throughout the whole body in all degrees of intensity, which are usually aggravated by moving the parts affected; but this is not always true, as some cases are relieved by movement.

Not only is muscle tissue attacked, but the serous tissues of the joints also suffer; and while bryonia is indicated in the early stage of the disease, its aid should also be evoked in metastatic cases where the heart, the brain, or other organ constituted of serous tissue is involved. The characteristic pains of rheumatism are chiefly drawing or tearing.

The Skin.—This tissue shows signs of irritability by itching at various points, and also appearance of an eruption of a vesicular character.

Typhoid Fever.—The intestinal disturbance, especially the constipation, together with anorexia, headache, and confusion of head, mental depression, persistent dreaming, and general prostration of the vital force, would suggest bryonia in typhoid fever.

A CASE OF PYÆMIA FOLLOWING TYPHOID FEVER.

BY CLARENCE BARTLETT, M.D., PHILADELPHIA.

(Read before the Philadelphia Medical Club.)

C. M——, æt. 10 years, was taken sick with typhoid fever on February 1st, 1889. The typhoid attack itself was characterized by nothing of note beyond the fact that it was one of unusual severity for one occurring in so young a patient, and the marked character of the eruption, which not only covered the abdomen, as is frequent in this disease, but even extended upward to the chest. The temperature never rose above 103° F. Nervous symptoms were marked, and consisted mainly of delirium at night, and more or less constant picking at the bed-clothes. At one time the prostration became severe, when whisky was prescribed. The use of this stimulant was, however, abandoned after twenty-four hours' trial, as it only tended to aggravate the nervous symptoms present. Towards the third week of the disease pneumonia set in to further complicate the case. Finally this was conquered, and on March 17th I regarded the boy as well on the road toward recovery, the temperature having remained normal for three days. The pulse had fallen to 96. With the exception of the prostration incident to such a severe illness, and a widespread pustular eruption, he was well. On March 19th I was informed by his mother that his temperature had suddenly risen to 104½° the night before. A careful examination failed to disclose the reason for this, and as his temperature at the time of my morning visit was but 99.0°, I felt that the rise of the afternoon before, was but an attack of simple fever, and had no significance. The boy had no bad feelings of any kind at the time of this renewed fever. On the evening of the 19th the temperature was again normal, and remained so until the evening of the 20th, when it again shot up to 104°. On the morning of the 21st it was 104½°. Covering almost the entire body were numerous bluish-red abscesses. The peculiarity in their appearance was this: Most of them consisted of flat bluish-red spots, under which a slight sense of fluctuation could be detected, which, on incision, emptied out from a quarter of a drachm to a drachm of pus each. This pus was of a greenish-yellow color and thick. Besides these bluish abscesses there were numerous pustules very small in size. A few of the abscesses were opened at this visit. On the morning of the 22d the temperature was still as high as on the

day preceding. I then made more liberal use of the knife, and freely opened sixteen of the abscesses. On the evening of the 22d the temperature had fallen to normal once more. On succeeding visits abscesses were opened as they matured, until I had opened fifty-one in all. Besides these there were many others that had evacuated spontaneously. On April 5th the patient was apparently well on the road to recovery when a new complication presented itself. Hitherto he had been tolerably cheerful, but now he developed a peculiar obstinacy, refusing to put out his tongue when asked to do so, or in fact to pay any attention to me. He refused to eat, and paid little or no attention to those about him. I now began to fear mental impairment as a sequel of the fever. After this condition had existed about ten days improvement set in. The day before the boy was taken sick his mother had changed her residence. His mental condition at that time was perfect, as indeed it appeared to be all through the illness, except during the few nights delirium was present. But now he was unable to understand how it was that he was no longer in his old home. The day of moving and my frequent visits to him and the opening of the abscesses were all forgotten. Gradually memory of events that had transpired before the illness came back, and the mental powers were completely restored.

At the onset of the illness the boy was placed on a strict milk diet, and absolute rest in bed enjoined. Daily sponging in lukewarm water was advised. Bryonia was the remedy prescribed. At this time the bowels were constipated, and the tongue was coated white, and thirst was marked. Afterwards, when diarrhoea supervened with restlessness, rhus tox. was given. When the delirium at night and picking at the fingers appeared, hyoscyamus was prescribed. Alcohol was ordered at this time, but as already mentioned only served to aggravate. Cold sponging was substituted for the sponging with lukewarm water. This not only quieted the nervous symptoms, but seemed to act as a stimulant. During the pulmonary complication phosphorus was the main remedy relied on. At the time of the first sudden rise in temperature on March 19th aconite was given. Hepar was prescribed on the 22d. No further change in remedy was made until April 5th. Then sulphur was prescribed. This latter remedy was continued for two weeks, since which time the boy has been without medicine.

The above case is reported on account of its rarity. I have never met with one such before, nor do I know of any physician who has had a like experience. Lymphatic and other glandular abscesses are

not very unusual sequelæ of typhoid fever. But in this case the suppuration was in the subcutaneous tissue. The only reference to such cases in any of the text-books is to be found in Pepper's *System of Medicine*. Therein pyæmia following typhoid fever is mentioned as of rare occurrence in this country, and that in the mildest cases the abscesses are limited to the subcutaneous connective tissue as in my case, while in those of more dangerous character the abscess affects some of the internal viscera, as the liver or brain.

On the appearance of the suppurative fever on March 22d, it was a question with me as to how the patient should be fed. He was already exhausted by his long illness, and there was danger of still further exhaustion by the impending suppuration. Full feeding was decided upon. Beef-steak, baked potatoes, rice, eggs, and plain food generally were allowed as the appetite called for them. The appetite was ravenous. Feeding was required every two hours.

At the date of writing, May 13th, the boy is well, and has regained his former strength.

A NEW FORM OF PLACENTAL FORCEP.

G. MAXWELL CHRISTINE, A.M., M.D., PHILADELPHIA.

THE ability to speedily, effectually and harmlessly remove decidua or placental tissue in abortions, is an important desideratum with all practitioners desirous of being successful in such cases. Some physicians concern themselves very little in matters of this kind, and leave the expulsion of the substance left behind, following the escape of the ovum or fœtus, to nature. Others wait until fœtor or symptoms of septic fever set in before they make attempts at emptying the uterus of its offending contents. Others, again, always uneasy, respecting the safety of a woman whose uterus, *post abortum*, has not been thoroughly emptied, take immediate measures for the clearing out of the uterine cavity. Of course, with the first mentioned class of practitioners, no instruments are needed; with the second, the curette or the bare finger is of the most value; but with the third, the placental forceps will, in the most instances, be found to be the most serviceable. Several varieties of placental forceps have been devised, each having its advantages, and each designed to meet certain contingencies. In my own practice, I have become accus-

tomed to the curved Bond forcep, and in those cases in which the os is sufficiently dilated to permit the necessary manipulation, this instrument gives me much valuable service. Occasionally, however, in abortions after the expulsion of the ovum or foetus, there is great rigidity of the os, which cannot be relaxed except under the use of Barnes' or other dilators. Under these circumstances the use of the forceps, as hitherto constructed, is interfered with. The blades may easily enough find entrance within the uterus, but they cannot be sufficiently separated to allow the placental mass to be grasped. To obviate this difficulty, it has seemed to me to be rendered easy by having the forcep blades detachable as in forceps for delivery at term. By means of such an arrangement, the blade (male) could be introduced within the os and inserted up as far as possible between the placental tissue and the uterine wall, and there held in place. The other blade (female) can then be placed in an opposing position, the two grasping a large portion or the whole of the substance it is desired to remove. The blades can then be locked, and torsion, traction, etc., easily accomplished until the mass is delivered.

Charles Lentz & Sons have made for me, within the last few days, a forcep following out this idea. They took the ordinary Bond forcep, lengthened it in the legs, enlarged the fenestra and replaced the lock by one of male and female pattern. I have had the opportunity of using the instrument in only one case since it was made, but I found it serviceable after vainly endeavoring, by other means, to accomplish the delivery of the placenta after an abortion of three and a half months.

Of course, the difficulty which this forcep is designed to meet, does not so materially exist if we use the Barnes' and other dilators, for by the dilatation thus produced, the uterine mouth is made sufficiently capacious for all necessary manipulation. But I much prefer to get along in these cases without resort to forcible dilatation; and in the instrument I refer to, I believe I have an aid of incalculable value.

Probably some other practitioners have experienced similar difficulties. To them this forcep will doubtless be a decided help. It is possible, and even probable, too, that this idea is not original with me. Inquiry at the surgical instrument makers and sellers, however, has failed to elicit any affirmative information respecting the existence of a detachable-bladed placental forcep.

A NEW UTERINE ELEVATOR AND DEPRESSOR.

BY W. H. HOLSBURG, M.D., LEBANON, PA.

THE instrument to which I here call attention consists of a solid shaft and two pessary-shaped extremities, and is about eleven and one-half inches in length. One blade is narrow for use in primiparæ or for application per rectum. The other is broader and adapted to roomy vaginæ. It will be observed that it is really a controllable pessary which is used as a lever.

It is indicated especially where the use of any of those elevators and repositors which must be introduced into the uterine cavity in



order to replace that organ is questionable. The patient should be placed in the Sim's position, and Sim's duck-bill speculum used to distend the vagina. The most suitable blade of the elevator is placed in the posterior cul-de-sac in the case of retroversion or retroflexion. The anterior lip of the cervix may be grasped with a Skene's double tenaculum, then the speculum can be removed, and, with the conjoined manipulation of both these instruments, the uterus can be replaced. Should there be any bands of adhesion, considerable force can be applied safely, as the blunt end of the elevator is not likely to do any harm whatever, if care is taken that the instrument is kept perfectly smooth and free from chipped depressions. The indications for its use in other displacements are at once apparent.

I think I am safe to say that those of the profession who secure one for use in their gynecological practice will render the verdict that it is a neat, handy and useful instrument.

The accompanying cut will show the general outline of the instrument.

MORBUS BASEDOWII.

BY PROF. EULENBURG, OF BERLIN.

(Translated, with Remarks, by S. Lillenthal, M.D., San Francisco.)

MORBUS BASEDOWII is only a variety of neurasthenia; the treatment must therefore differ according to the symptoms. For the many failures recorded nothing can be more blamed than to consider

the disease an entity according to the unstable triad, tachycardia, exophthalmos, and struma. Græfe pointed out lack of harmony in the motion of the upper eyelid and the eyeball; Stellwag, suspension of the involuntary motions of the lids; Mœbius, diminution or weakness in the power of convergence; Charcot and Marie, a characteristic trembling, differing by its great frequency from the tremors of other chronic nervous affections, as senile tremor, or that of intoxication; Charcot, watery diarrhoea, not accompanied by colicky pains; Eulenburg, sensation of heat without visible increase of temperature, redness of skin, change of color from the slightest cause; at every mechanical irritation redness in spots (*tâches cérébrales* of Trousseau); erythema, urticaria, sclerema; tendency to profuse perspiration (*hyperhydrosis* or *ephidrosis unilaterialis*), or absence of sweat, with dry, cold skin; more rarely pigment anomalies, as vitiligo, bronze discoloration (*morbus Addisonii*), and icterus. In connection with these abnormalities in the skin, Eulenburg verified the symptoms of Charcot and Vigouroux of a change in the resistance to the galvanic current, though this cannot yet be considered a constant and pathognomonic symptom. Whether *morbus Basedowii* is a primary affection of the thyroid gland may be considered doubtful. This gland is rather a reservoir of the blood, inhibiting charges of blood-pressure in the brain, enlarging when there is too much congestion to the head, and compressing more and more the carotids, so that they may become pulseless under certain circumstances, as from increased muscular exertion; but even this has its limit in relation to the morbidly increased activity of the heart; it becomes tired out, and then dangerous manifestations appear. After discarding all the usual methods of treatment, Eulenburg affirms that in *morbus Basedowii* we do not deal merely with a local neurosis, but we must consider *this disease as a state of nervous exhaustion, running its course with certain localizations, as a light or severe form of neurasthenia*, and local treatment can only remain as an adjuvant. All therapeutic measures to be successful need the utmost patience of the physician and of the patient, and it is mere loss of time to treat the case according to the name given to this triad of symptoms, for it is the first condition here to treat each case according to the symptoms as they present themselves. This can be done by faithful discrimination, but never by mere routine treatment. The armamentarium, recommended by this high authority, is very extensive, as removal from home influence to a sanitarium for nervous affections; according to Stiller removal of the patient to a sanitarium situated

in an Alpine climate, where she may remain also during the winter; careful differentiation in relation to balneotherapeutic, electrotherapeutic, and dietetic treatment, as hydrotherapy, mineral springs; electrical baths, monopolar or bipolar, galvanic or faradic applications. Weir-Mitchell's treatment, milk or kefir, and even Schrott's dry treatment, may come in place. Each has its particular indication, and must be adapted to the individual case; only then can success crown the studious efforts of the individualizing physician.—*Centralbl. f. Nervenheilkunde*, May, 1889.

If such doctrines, enunciated by professors in high standing, are not taken from the works of Hahnemann, who taught them years and years ago, I do not know whence they emanated. It resembles so much the man who meekly said he tries to live in a way pleasing to his Heavenly Father and satisfactory to his conscience, but he must reject Christ; so our old school antagonists adopt all the teachings of homœopathy, but they reject Hahnemann and the name of homœopathy. And still there is a great deal in a name, for it signifies to us the standard of selecting the remedy according to the concordance of the symptoms of the case in hand with those of the drug selected, which then will be the remedy to restore the equilibrium of the vital forces. If the universities of Europe, if the colleges in this country, had the moral courage to create chairs where the law of similarity would be taught to all students with the understanding that they must pass an examination in this branch of medical science, as well as in any other, the plea of sectarianism would not have a foot to stand upon; but till this millennium arises our defence is not only obligatory, but we must carry the war into the enemy's camp and insist upon our rights; for we must be well versed not only in all branches of medical art and science, with the addition that we must also be experts in homœopathy.

If it is astonishing that the old school has lost a great deal of faith in the action of medicinal treatment; if with them the old phrase, *ex usu in morbis*, has become more and more obsolete, and if they pin therefore their faith more and more on other therapeutical measures, our school has fallen into the very opposite error. With many of our physicians drug treatment is everything, and all the other modes of treatment neglected, if not ostracized. Our persecuted master might be excused when he raises his voice against the use of mineral waters, internally or externally, but certainly a benign God must have created them for the welfare of mankind. Even in their homœ-

opathic application those who used them speak of them with the highest praise. Let the old school employ drugs according to the principles of similia, and then the materia medica will be no more an idle dream for them.

Neurasthenia! nervous exhaustion! and morbus Basedowii only part and parcel of it. How many a thing may be blamed for such a state from heredity to senility. Psora and morbid disposition, one and the same with its hydra-headed growth; outcomes of syphilis and sycosis, cursing descendants even into the third and fourth generation; the worry and fretting incident to every life; the increase of poverty and of insanity. No wonder we live in a neurasthenic age, and qualitative anæmia the *signum paupertatis*. All the treatment recommended by Eulenburg for morbus Basedowii hints to *mental and physical rest*. Let homœopathic physicians take this advice to heart, or else the best selected remedies may fail. Let them individualize in their climatic selections; let the diet be plain and nutritious, without any of the fancy dishes. Cooking is a science in which every physician should be well versed, when fewer diseases would be considered incurable.

Belladonna and atropinum, digitalis and strophanthus, iodine and iron are highly recommended by the authorities of the old school in the treatment of morbus Basedowii, and strictly individualizing these, physicians would detect that their prescriptions may be unintentionally based on the homœopathic principle.

Belladonna has all the four cardinal symptoms; tremors showing themselves by bodily inquietude; the patient being constantly obliged to move the whole body to and fro, especially hands and feet; twitchings of extremities; staring, glassy eyes, half opened, protruding, staring eyes; lids wide open; dimness of vision; lack of harmony in the motions of the upper eyelids; violent palpitations, reverberating in the head; tremor of heart, with anguish and an aching pain; pressure in cardiac region, arresting breathing, with sense of anxiety; glands engorged; heat over whole body; redness of body, with quick pulse; erythema, urticaria, jaundice, copious sweating.

Digitalis has also its symptomatic application. In the foxglove we miss the protruding eyes and the tremors, but we have copious perspiration without relief of the heart symptoms; partial sweats on face or upper part of the body; cyanosis or jaundice; abnormal action of heart, with constant pain and anguish; violent, audible palpitation of heart, with anxiety, and contractive pain under

sternum ; heart has lost its force ; the least muscular exertion renders the heart's action labored and intermittent.

Ferrum.—Morbus Basedowii, especially after suspension of menses ; protruding eyes ; enlarged thyroid ; palpitation of heart ; a kind of pseudo-plethora, with violent ebullitions ; excessive nervousness, with muscular debility ; frequent tremors, alternating with a sensation of weakness, as if very weary ; viscid, exhausting sweats ; pale face, with flushes.

Iodium.—Protrusion of eyeballs ; face pale, distressed ; violent palpitations, worse from the least exertion ; sensation as if the heart were squeezed together ; constant oppressive pain in cardiac region ; pulse accelerated by very slight exertions ; soft, vascular goitre ; swelling and hardness of the cervical glands ; great debility, sweats even when talking ; trembling of limbs of whole body ; gradual or rapid emaciation.

Homœopathia involuntaria fully vindicated ; and how much easier it is to prescribe according to plain indications than by methods of guess-work and hap-hazard.

We have also our arsenicum, baptisia, cactus, conium, badiaga, spongia, and the whole host of antipsorica to battle against this neurasthenia. Study them faithfully and you will be rewarded.

PROCEEDINGS OF SOCIETIES.

AGGRAVATION AFTER DOSE AND REPETITION OF DOSE.

REPORTED BY J. RICHEY HORNER, M.D., SECRETARY, ALLEGHENY, PA.

(A Discussion by the Allegheny County Homœopathic Medical Society, April 12, 1889.)

UNDER the lately revised rules, the President, Dr. Z. T. Miller, read paragraphs 149, 153, 154, 158, and 159 of Hahnemann's *Organon*, after which he called on the members for their views concerning the principal point involved, viz. : "Aggravation after Dose."

DR. J. F. COOPER: Hahnemann practiced among chronic diseases. He had comparatively few cases of acute disease, and was not, therefore, in a position to speak concerning the influence of drugs in this, as he was evidently in later years in the chronic form

of disease. A specialist in general practice cuts a very awkward figure. He does not grasp the case as does one who has not been confining his study to a special class of diseases. Some of Hahnemann's views are very excellent; others, for want of absolute practice, I would suppose, are not so good. His theories, as all theories, are amenable to change, and may be profitably discussed without injury to the man. Many views expressed in the *Organon* admit of argument. Are aggravations produced on certain organs by certain remedies? Here is a case in point: An unmarried lady of fair complexion but dark hair presents a sore throat, sleeps poorly, is very nervous. I gave her bell. 3x, my own preparation. Soon after a messenger came, saying that my patient was dying. I found her struggling for breath, strangling, and almost in a collapse. I gave her camphor, and in ten minutes she was completely relieved. Here, then, was undoubtedly an aggravation, and from the third decimal potency, for belladonna was the indicated remedy. But in hundreds, and, I may say, thousands, of cases, I have not seen an aggravation followed by reaction. When you go up in your potency to a point where the drug will not produce toxic symptoms, aggravations, to my mind, are not frequent.

DR. J. C. BURGHER: We cannot prescribe a remedy with sufficient accuracy to get an aggravation. I think the explanation by Dr. Cooper is unparalleled. We do not know anything more about it than we do why the magnetic needle points to the north pole. We cannot explain it any more than we can gravitation. Acute diseases may be relieved very readily, and often by one dose of medicine. In one case of whooping-cough—a very severe attack—I gave aconite 3x, and the child was completely relieved; she never whooped again, and I gave but one dose. In another case, where there were severe pains at the base of the brain, with excessive vertigo, I gave one dose of gelsemium 3x, with immediate relief. In still another case, where there was a profuse diarrhoea, stool pasty, worse after eating, I gave croton tiglium with almost instant relief and no aggravation.

DR. J. B. McCLELLAND: I remember one case where I gave croton tiglium for a diarrhoea; gave it in the 6x, and almost killed my patient. Then I gave one dose of the 30 and cured the condition.

DR. C. H. HOFMANN: In a case of whooping-cough, I gave drosera 3x. The child, getting hold of the bottle, ate its entire contents. The result was a violent aggravation, lasting several days;

after that the child recovered without the necessity for any other medicine.

DR. W. J. MARTIN: I think I have seen an aggravation from the ordinary potency of the remedy; but I believe it to be exceedingly rare, and in that respect differ with Hahnemann. It is not the rule; rather the exception. In acute diseases I give remedies in the usual potencies every two or three hours, continue thus throughout the course of the disease, and do not have aggravations. Often, I never change my first prescription. Hahnemann says: "The first dose should be the last," but I give the remedies in repeated doses and continue the medicine as long as amelioration is apparent. I remember a case of cerebral irritation where I gave bell. 3x in water, repeating quite often, and the child recovered in a few hours. This occurred again and I repeated my prescription. Then the child developed convulsions, and I believe these were due to an aggravated condition of the case, caused by the remedy. I gave bell. 200 and cured the condition almost at once. I believe, in reference to chronic disease, that Hahnemann's words were right and true, but his experience was confined almost exclusively to chronic diseases.

DR. C. P. SEIP: A remedy should act alike in the acute and chronic case. There is not one of us who, in a severe attack of an acute disease, would give a single dose and quit. Yet, if the action depends entirely on the similimum, we ought to give this one dose and wait. We must do it if we wish to practice pure homœopathy.

DR. BURGHER: I believe in the single remedy, and also think the theory of one dose to be correct. But even Hahnemann gave camphor every five minutes, even he alternated, giving bryonia and rhus tox. in the 3x in typhoid fevers. Now, in theory, one dose is correct; but we can hardly expect to carry, for example, a case of typhoid fever through with a single dose of medicine. The symptoms vary in the different stages. It is so with all diseases.

DR. W. F. EDMUNDSON: I believe that certain remedies require frequent repetition, as arsenicum album in severely acute diseases. Give it every three to four hours, and you get no result; shorten the interval to one-half or one hour, and prompt action follows. I remember a case of chronic vesical irritation, for which I prescribed cantharis from the 3x to the 30 with no result. I then prescribed the 200 and cured the condition.

DR. COOPER: With regard to the single dose: Frequency of repetition depends on the impressibility of the patient. Patients differ. The vibration in the organism of a patient depends on the

impressibility of the organism itself. So we must know how a person is affected. We cannot make any infallible rule. Some cases cannot bear this frequent repetition. You must consider the condition of the patient. You must look out for jars to the system. There are conditions where we must give a low potency, something which will act against the exciting causes, or we do not reach the case. Where the condition is still under the exciting cause of disease, we can go lower than under other circumstances. Where the patient is impressible or the case a chronic one, we can give, with more assurance of success, the high potency. Concerning aggravations, I am reminded that Dr. Macfarlan for years has used the high potencies—uses nothing else, gives doses an hour or two apart, and we know of no aggravations. I use few high potencies, because the low answer. Sometimes the low will not do, and then we must use the higher. Concerning waiting: When we have decided upon the use of a certain drug and the case is a serious one, we give that medicine often. The vibrations produced by the remedy last a certain time, and after that the case drags. We must repeat as the case and our experience allow.

BRITISH HOMŒOPATHIC SOCIETY.

At the regular monthly meeting of the British Homœopathic Society, held May 2d, Dr. Simpson described his visit to the Carlsbad Spas. The waters at the Spas, he said, are essentially different in their therapeutic value from those manufactured and having the same chemical composition. The Carlsbad Springs are warm. The Sprüdel is the hottest.

Therapeutic Value.—In abdominal complaints, chronic dyspepsia, even when the catarrh has extended to the bile-ducts producing jaundice, these waters are useful. They may also be used in cases of chlorosis, and in gouty *bon-vivants*. An outbreak of a crop of boils may result from the treatment. Chronic constipation and diarrhœa are both curable by the Carlsbad waters, even from the same spring. Chronic constipation from abuse of purgatives is especially suited to their administration. Diarrhœa is best treated by the water from the hot Sprüdel Spring.

General perversion of nutrition is curable at Carlsbad.

Cases which are contraindicated are Bright's disease, brain softening, the apoplectic diathesis, and valvular heart disease. The

Carlsbad dietary is very essential. The Geissshabler Spa, near, is acidulous, and used as a pleasant drink. The Krenitzbrun Spa in the neighborhood is of the same composition, but is *cold*.

The waters must be chosen with care under the advice of a physician, and are not to be taken hap-hazard.

DISCUSSION.

DR. DUDGEON said Marienbad was useful in stout people.

DR. DYCE BROWN said that natural waters must be considered as nature's prescriptions, some of which act allopathically and some homœopathically. Carlsbad waters for gastro-intestinal catarrh act allopathically, but in chronic diarrhœa, with ulcerated bowels, Carlsbad in teaspoonful doses two or three times a day cures homœopathically. Diabetes is also treated homœopathically at Carlsbad.

DR. FISHER spoke well of Carlsbad for fatty degeneration of the heart, or rather the fatty infiltration met with in corpulent subjects. Calculi are also dissolved by the hot Carlsbad natural waters, and gall-stones especially; treatment for six months is necessary. This can be done by the exported water, not the Carlsbad salts. The Kafkar Spring is very good for adipose and lymphatic subjects. Carlsbad biscuits are made with the water, and can be taken with advantage.

DR. BLACKLEY spoke well of Carlsbad in gouty irritation of the brain.

DR. CANFREE called attention to the difference between fatty degeneration and fatty deposition round the heart, and thought that Dr. Fisher and Dr. Simpson had possibly used these terms as synonymous.

DR. SIMPSON in replying said that diabetes mellitus in the early stages can be *cured* at Carlsbad. He considered that one teaspoonful of the Sprüdel salt in a wineglassful of hot water was the best imitation he could get of the natural water when an actual visit there was not possible.

THE IMMUNITY OF LIME-BURNERS AGAINST CONSUMPTION.—Herr Hailer has observed that the workmen in the Lengerich Kilns, where the ground is very dry, the temperature ranging from 105° to 158° F., and the air always freely charged with lime-dust, were proof against phthisis. He considers the high temperature of more importance than the dryness or the inhalation of lime-dust in bringing about this immunity. For the prevention and cure of pulmonary consumption, he recommends the use of the Irish-Roman bath once or twice a day, for from fifteen to thirty minutes at a time, also, several times daily, inhalations of dry air heated to between 243° and 374° F. Feverish patients and those with hæmoptysis, however, should avoid the hot-air baths. The treatment is supposed to act by checking the growth of the bacilli.—*Centralblatt für Klinische Medicine*.

EDITORIAL.

THE INSTITUTE AND MEDICAL LEGISLATION.

FOR many years it has been a well-recognized fact that the American system of medical education is not all that it should be. No bodies were better aware of this than the college faculties; for many of these have been steadily making efforts looking towards the improvement of medical educational methods. The competition among first-class colleges has been such, that where an advance in the curriculum was made by one, similar advances were straightway made by the others. This argued well for the future of the medical profession. Unfortunately, all colleges have not been alive to the necessity for the honorable competition above mentioned. In fact, there are many among whom a very unhealthy competition exists. As soon as one of these lowers the fees of instruction, or shortens the course of study, or lessens the requirement of graduation, the others forthwith do the same or worse. In fact, it is anything to get students. The facility with which physicians, whether competent or otherwise, can obtain a charter authorizing them to start a medical college and confer the degree of doctor of medicine on whomsoever, in their opinion, they may find worthy thereof, has, in a large measure, nullified the praiseworthy efforts on the part of the standard colleges in our land. The strength of a chain is that of its weakest link. The standard of medical education is apt to be judged by the graduates of that college making the minimum requirements for graduation.

The profession in general is not without blame for this pernicious state of affairs. Were there a strong professional sentiment against institutions which granted diplomas to the unworthy, students would be sent by their preceptors only to such colleges as upheld the dignity of the medical profession, and gave their students a thorough medical education. Such is not the case. On the contrary, there are many physicians who send their students to such institutions as exact the lowest fees and offer the greatest facilities for a quick and easy entrance into the medical profession. Thus we have in the United States, educated doctors and uneducated doctors; colleges whose great aim is to graduate competent doctors and only such, and colleges whose sole aim is to graduate as many as they can entice within their halls. We have a profession unanimously decrying the

evils that exist, and yet, when their individual interests are at stake, not hesitating to do that which shall further the evils they condemn in others. Were the profession honest in its clamor for the lengthening of the course of collegiate study to four years, that course would be at once adopted.

Added to these evils in medical education, we have an overcrowded profession. How to deal with the latter evil is a problem that has been agitating the minds of the allopathic profession for some time back. It has been proposed that laws limiting the output of the colleges shall be enacted. Of the laws proposed, that which favors the appointment of State boards of medical examiners has met with favor; in fact, such a strong sentiment in its favor has been awakened, that the formation of these boards in some of our States is well-nigh inevitable.

It is worthy of note that wherever these laws establishing State boards of examiners have been introduced, the allopathic school has had the matter in hand. As a natural result, these laws have generally been of such a character as to make their passage dangerous to the future interests of homœopathy and its followers. In fact, we might go so far as to say, that so prejudicial to homœopathy are many of these proposed laws, one might well ask if their real object was not the annihilation of our school, and not the improvement of the standard of the medical profession. In their advocacy of laws favoring the formation of boards of medical examiners, the allopaths have proceeded with that unity of action that can only come from a perfect organization. In fact, all such bills found their beginning in the resolution adopted by the American Medical Association at its meeting in New Orleans, in 1885. Since then, legislative committees from the various State medical societies have acted in unison with each other, and it has only been with the hardest kind of work that our school has been enabled to prevent the enactment of laws intended for the abolition of homœopathy.

So well organized is the allopathic profession, and so determined is it that the laws providing for the appointment of State boards of examiners shall work injury to homœopathy, that it behooves the American Institute of Homœopathy to take decided action concerning the same at its coming session in the Northwest. It is true that the Institute has taken some action in the premises by passing resolutions; but resolutions are not worth the paper they are written on if they are not backed up by energetic work. It has been said that when a body of men come together and wish to convince themselves

that they believe in something in which they do not, they always pass resolutions. Real energetic work is what we need, and not resolutions.

As we have said, we regard the formation of State boards of examiners in a number of the States as one of the inevitable things of the near future. So strong has become the sentiment in their favor, that those who oppose the same, even though it be in all honesty, place themselves in danger of being judged as opponents to raising the standard of medical education. In the interests of our school, we should see to it that said laws shall not work us injury. With this end in view, we would favor the abandonment on the part of the homœopathic profession of the defensive attitude we have hitherto assumed, and the assumption in its place of the aggressive. We would favor on the part of the American Institute of Homœopathy the drafting of a bill looking toward the appointment of State boards of medical examiners in every State; that such bills be introduced at once without waiting for the allopaths to introduce others which will necessarily be prejudicial to homœopathy. Success is hard with those who are put on the defensive.

What should be the distinctive feature of the bill which we should favor? Simply this: That there shall be separate examining boards for each of the three schools of medicine. Hitherto, all bills providing for the appointment of State boards of examiners have directed that the vast majority of said board shall be members of the allopathic profession, and that but one or, at most, two shall be homœopaths. We should go further, and favor the enactment of a provision for the examination of students as to their general educational attainments prior to their admission to medical colleges; also, that all candidates for examination before such board shall be graduates of medical colleges requiring at least three courses of lectures of not less than six months each, and that no two of these courses of lectures shall be in the same year; and that said college shall have adopted a curriculum prescribed by the enacting law.

The Institute should act on medical legislation at once. Out of its funds it should make provision for the publication of such literature pertaining to the subject as will enhance the above ideas; that it shall give particular aid to our physicians who are located in such portions of the country in which homœopathy is as yet poorly organized; that a complete organization be effected with the legislative committees of all our working State societies; and that these committees shall work with their whole souls for the good of the cause of improving the standard of medical education.

ABOUT THE INSTITUTE'S FUTURE.

THE progressive character of medical art renders a constant advancement and improvement in the methods of medical organizations one of the essentials of their continued usefulness, if not also of their existence. For any medical society to lay or falter, is in these days equivalent to a loss of support, loss of usefulness, and finally loss of life. The American Institute of Homœopathy, sustained though it be by sentiments of reverence for its history, its associations, and its past achievements, is not at all exempt from the law which governs all other medical bodies. It must advance, or it must cease to be useful and, sooner or later, must cease to live.

Whenever, therefore, we discover in our Institute membership any feeling of dissatisfaction with its present methods, or any expression of a demand for broader or more thorough modes of carrying out the purposes of the Society, we ought to hail it as a most hopeful indication of latent life and vigor. Nor must such a sentiment be understood as in any sense reflecting against the methods and work of the past. That the methods of the Institute's earlier years are inadequate for the present, is not more true than that the methods of the present were unavailable in the past. Each succeeding period brings its own responsibilities and conditions, and consequently its own opportunities and methods of meeting them.

A subject which will doubtless claim the careful attention of the Institute at an early day is the improvement of its plan of bureau work. The adoption of "sectional meetings" about three years ago was a wise move, but the "sections" are still hampered and restricted by the misinterpretation of the By-Laws (Article VII., Sections 3, 7 and 8), ruling out all papers from any except a subordinate place, unless they "relate to the special subject agreed upon at the beginning of the year." The practical effect of this misconstruction is to discourage, if not to prevent, the presentation of really original papers and the results of original thought and research, and to restrict the Institute to an annual re-discussion of the contents of text-books and journals. Many of the members express their annual regret at this state of things, but thus far the "right-about face" has not been ordered. If the wish and intention of the Institute is to retain this method, there need be nothing more said,—she is mistress of her own destiny; but if she has been, as we much suspect, greatly misunderstood as to the intent and meaning of her By-Law, she cannot

make too much haste in rendering her wishes and meaning unmistakable.

One of the motives which prompted the adoption of the sectional plan was to satisfy the demands of members for more time in discussion, and for opportunity to present and discuss the most advanced facts and principles of medical science and art. This very natural and praiseworthy demand on the part of members was beginning to express itself in the organization of special societies, holding annual sessions alongside of those of the Institute, and, of course, to the serious detriment of the latter. Upon the establishment of the sectional meetings, these collateral societies were disbanded, but it is very questionable if the changes adopted in the central body has met all the demands which led to these changes. The ophthalmologists, the gynæcologists or the surgeons who should attempt to discuss for the benefit and delectation of their brother-experts in these departments—the technique of some of their more difficult and delicate operations would get but a sorry hearing from the mass of those in attendance, even if they were fortunate enough to escape interruption at the hands—or tongues—of those of us less interested in these subjects. Yet there ought to be full opportunity for just such discussion, and the Institute will be wise to make provision for it. Let us not be misunderstood. The same provision should be made for those who are specialists in the development, the study, and the application of our homœopathic materia medica.

We find many objections to the particular time of the year at which the Institute holds its annual meetings. For some time past it has been on the past few days of June and the first of July. Now, this is the season when the busy doctor is fixing his accounts. If he wishes his patients to be prompt in paying, he must be prompt in rendering. The above-named time has usually been selected because the large hotels at the different watering places at which the Institute has become accustomed to meet do not open for guests until that time, and the summer influx of visitors requires the Institute to come early in the season in order to obtain the necessary accommodations. Now, would it not be well for the Institute to meet earlier in the month; or to meet in one of the large cities where it will naturally attract more public attention to homœopathy? We think it would.

For particulars concerning railroad fares and the excursion to the Yellowstone Park, received just as we go to press, we refer our readers to the *News and Advertiser*, page 21.

NEW PUBLICATIONS.

DISEASES AND INJURIES OF THE EAR; THEIR PREVENTION AND CURE. By Charles H. Burnett, A.M., M.D. Philadelphia: J. B. Lippincott Co., 1889.

This little volume is the fifth of the series of "Practical Lessons in Nursing." It is written in a strictly non-technical style, to adapt it to the use of those of the laity affected with ear disease, for whose study it is intended. There is much in the book that is worthy of praise. The author does not hesitate to speak strongly against certain domestic malpractices in the home treatment of ear diseases. We note with pleasure his condemnation of the prevalent practice of dropping sweet oil and laudanum into the ear. This he shows to be not only useless, but often dangerous. He also endeavors to disabuse the popular mind of the prevalent notion that colds can be broken by the administration of large doses of quinine. He says: "Nothing, in fact, is more likely to bring on disease in the ear, which may otherwise escape, than taking large doses of quinine to check the cold, as many say." Were the principles inculcated in Dr. Burnett's book well recognized by the laity, we are satisfied that much of the deafness now current would not be.

ELECTRICITY IN DISEASES OF WOMEN, WITH SPECIAL REFERENCE TO THE APPLICATION OF STRONG CURRENTS. By G. Betton Massey, M.D. Philadelphia and London: F. A. Davis, 1889.

ELECTRO-THERAPEUTICS, OR ELECTRICITY IN ITS RELATION TO MEDICINE AND SURGERY. By William Harvey King, M.D. New York: A. L. Chatterton & Co., 1889.

We have before us two little books devoted to a subject concerning which considerable interest is now manifested by the medical profession—electro-therapeutics. Both works are eminently practical, and both are written for the use of the beginner in the study of this branch of medicine. Neither is open to the criticism of being a literary compilation, but each is based on what the author has, from his personal experience, regarded as well-established therapeutic facts. Dr. Massey's book enjoys the distinction of being the first systematic treatise devoted to the electrical treatment of diseases of women.

PULMONARY TUBERCULOSIS; ITS ETIOLOGY, SYMPTOMATOLOGY, AND THERAPEUTICS. By Professor H. Von Ziemssen. Translated by David J. Doherty, A.M., M.D. Detroit: George S. Davis, 1888.

Notwithstanding the diffuseness in expression incidental to a work based on lectures, Professor Ziemssen's little book is of a very readable character. The remarks on the treatment of phthisis are especially valuable. The author regards sedentary habits as a most prolific cause of the disease. Many of his suggestions as to treatment are based on this idea. This book contains the first criticism we have seen concerning Debove's treatment by forced feeding. The author says that, although supralimentation produces brilliant results at first, this result is only temporary, as after several weeks the excessive quantity of food taken creates disorders of digestion, flatulence, nausea, diarrhoea, etc. The treatment must then be discontinued, when a relapse ensues.

A MANUAL OF DIETETICS FOR PHYSICIANS, MOTHERS, AND NURSES. By W. B. Pritchard, M.D. New York: The Dietetic Publishing Co., 1889.

This is a book written for the purpose of calling the attention of the profession to the importance of the subject of dietetics and its fundamental principles. This is certainly a most laudable object. A more general knowledge of the principles of physiological digestion and food assimilation will certainly lead to a higher standard of health.

GLEANINGS.

CONDUCTED BY

S. LILIENTHAL, M.D.,

E. M. GRAMM, M.D.,

W. W. VAN BAUN, M.D.,

E. W. MERCER, M.D.,

H. I. JESSUP, M.D.,

AND THE EDITORS.

INSANITY AFTER GYNÆCOLOGICAL OPERATIONS.—In discussing this subject, Dr. T. Gaillard Thomas reports six cases occurring in his practice in which mental disorder followed surgical operations on the female genital organs. Of these six cases but one recovered, four died and one was still insane at the time that the report of the cases was published. In four out of the six cases there was evidence of eccentricity even before the operation. In two of these four cases it was quite marked at times. In all of the cases except one there was distinct prodromic symptoms following the operation, and antedating the outburst itself by some days. In none of the cases was there any family history of the tendency to insanity. In none of the cases was there any evidence of renal disease. Iodoform was not used in two of the cases; hence, it could not be a cause of the trouble in these. The above-mentioned cases of Dr. Thomas being added to those hitherto reported make the total number of recorded cases of insanity following gynæcological operation to be twenty-six. When we come to consider the great frequency of surgical operations on the genital organs of women, and the liability of any great mental strain to be followed by mania and other forms of mental impairment, one cannot assure himself that the operations *per se* were the actual cause of the mental disorder.—*Medical Standard*, May, 1889.

MYXEDEMA WITH HYPERTROPHY OF THE THYROID GLAND.—Ewald reports a case of genuine myxœdema in which there was general elastic resistant swelling of the face and extremities, with diminished intelligence, but without any organic disease whatever. The thyroid gland instead of being atrophied, as is usual in myxœdema and its related affections (acromegaly, iodine cachexia, cachexia strumi priva, etc.), was very much enlarged.

ANEURISM OF THE AORTA.—Aneurism of the aorta may exist in some cases for as long a period as ten or twenty years without giving rise to great discomfort. In other cases the patient may succumb to the disease in from fifteen to eighteen months. Death may follow from marasmus, from compression of the trachea or one bronchus, from intercurrent diseases, or from rupture into the pleura, pericardium, bronchus or trachea. The danger to life is caused by the tendency of the aneurism to steady, progressive enlargement. In England and France, aneurism of the aorta is regarded as of syphilitic origin; hence, the main treatment in those countries is the internal administration of iodide of potassium. For the paralysis of the vocal cords that sometimes accompanies aortic aneurism as a result of the pressure of the tumor on the recurrent laryngeal nerve, electrical treatment may be tried. Though the paralyzed vocal cord does not regain its function, compensation may take place by increased power of its fellow of the opposite side. Perforations of hard structures as the sternum, by the aneurism, must be relieved by the application of suitable bandages. According to Litten, galvano-puncture, the injection of coagulating fluids, and the introduction of foreign bodies, have, in many instances, caused death to result more rapidly than it would had the case been left to nature. In aneurism of the abdominal aorta, Senator gave great relief by steady and persistent rest on the back, by methodical compression and iodide of potassium.—*Munch. Med. Wochenschr.*, 15, 1889.

[Chloride of barium, lycopodium, agaricus, calcaria, carbo veg, lachesis and sulphur are said to have cured, or, at least, greatly ameliorated, several cases of aortic aneurism.—S. L.]

THE DIAGNOSIS OF MALIGNANT STRUMA.—Professor Albert, of Vienna, bases the diagnosis of malignant struma on the following points: 1. Sudden and rapid growth of a struma which for years had been stationary or only slowly increasing. 2. Change in the consistency of the struma; the struma becomes hard and more homogeneous. 3. Radiating pain, especially in the occiput and axillary region. 4. Paræsthesia. 5. Dilatation of the superficial veins of the sternal and sterno-clavicular regions. 6. Fixation of neighboring tissues to the tumor; the sterno-cleido-mastoid especially makes adhesions easily. 7. A unilateral paralysis of the vocal cord is, in connection with the other symptoms, of bad prognosis; it is due either to pressure on or destruction of the recurrent laryngeal nerve. 8. Dysphagia; though there may not be any obstruction, the constrictors have lost their function, probably by fixation of the muscles by the tumor. 9. The presence of symptoms indicative of involvement of the sympathetic nerve; dilatation of the pupil, if the sympathetic be irritated, and contraction, if the fibres of the same be destroyed. The former is more frequently observed in malignant struma. 10. The skin shows many vascular nets. 11. Spontaneous ulceration of the tumor is rare; if ulceration is present the margins of the ulcer are turned over. 12. Metastasis. Dümreicher reports the case of a man who, during a walk with a friend, suddenly fractured his thigh. When he first saw the patient he noticed that the patient squinted. On inquiry, he learned that this symptom had only been observed for the last three weeks. The thyroid gland was enlarged and hard. He diagnosed a spontaneous fracture of the thigh from a malignant tumor and a malignant struma.—*Allgem. Wein. Med. Zeitung*, 6, 1889.

PINE-APPLE AS AN EXPECTORANT.—The juice of a ripe pine-apple is, according to Fleischer, an excellent expectorant. The ripe fruit is cut into slices, and each slice covered with sugar. The vessel in which they are placed is then closed, enveloped in straw, and heated in water, which is gradually brought to a boiling-point, and left there for a few minutes. In chronic bronchial catarrh, when expectoration becomes difficult, a few teaspoonfuls of this juice suffice to cause copious expectoration. The daily dose is about eight to ten teaspoonfuls.—*Therap. Monatshefte*, March, 1889.

SULPHONAL FOR NIGHT-SWEATS.—A lady suffered from exhausting night-sweats so that she had to change her linen twice each night. As she was also suffering from insomnia, Dr. Bottrich gave her sulphonal, with the effect of not only relieving the insomnia, but also of relieving the night-sweats. Further experimentation proved that in most cases of night-sweats half a gram of sulphonal sufficed for the removal of night-sweats. Its use is much preferable to that of atropine, as it causes no after-effects and its action is more lasting. Several nights may pass without any sweating, though the sulphonal is not repeated.—*Therap. Monatsh.*, March, 1889.

BORACIC ACID FOR FOUL FOOT SWEATS.—Sprinz cordially recommends for foul foot-sweats that the sole of the stocking be immersed in a three per cent. boracic acid solution, and then allowed to dry during the night. With the necessary cleanliness and a daily change of stockings, success will follow this treatment even in the most obstinate cases.—*Therap. Monatshefte*, March, 1889.

POST SCARLATINAL AFFECTIONS.—Korsakoff, of Moscow, observed in several cases of scarlatina, after complete cessation of the fever and disappearance of the glandular swellings, that suddenly a painful swelling of the retro-auricular and submaxillary glands set in with very high fever, which in most instances was the forerunner of a scarlatinal nephritis. In all such cases repeated examinations of the urine are advisable.

DIPHThERIA OF THE STOMACH.—Smirnov has observed six cases of gastritis following diphtheria of the pharynx. In four cases he rather considered it a fibrinous inflammation, as the mucous membrane only showed hyperæmia with desquamation of the glandular epithelium and a muco-purulent exudation; but two cases showed degeneration of the gastric mucosa, especially of the glandular epithelium, in fact, a veritable necrobiosis of the tissues with the formation of a hyaline substance. Usually this condition appears at a late stage of the disease.—*Bulletin Med.*, 28, 1889.

DIFFERENTIATION OF TRUE DIPHThERIA AND SCARLATINAL DIPHThERIA.—Tcherniaeff, of St. Petersburg, remarks that the diphtheria of scarlatina shows itself regularly from the third to the fifth day of the disease, and its gravity is in proportion to the severity of the primary affection. It never attacks the larynx, and always the nasal fossa. It readily provokes suppuration of the tumefied glands, and is never followed by paralysis. Histologically the false membranes never show the character of those of true diphtheria, consisting only of granular cell-detritus, and never showing the hyaline network. The tissues beneath the false membranes show only inflammatory lesions. True diphtheria is a necrotic process. In scarlatinal diphtheria the distended vessels never show hyaline degeneration. The epithelium on the contrary shows degenerative alterations, which are rare in true diphtheria. The latter is more circumscribed, while the scarlatinal diphtheria is more diffuse. The membrane of true diphtheria gives the bacillus of Krebs and Loeffler, while that of scarlatina shows only the streptococcus of suppuration.—*Bulletin Med.*, 28, 1889.

A CASE OF ANTIPYRIN POISONING.—Dr. W. P. Northrup prescribed antipyrin in the case of a patient with hemicrania. The drug was taken in one dose of fifteen grains. Shortly after taking it the patient said that she felt "queer," that "the medicine was going all through her," and that "it was mounting to her head." She had a sensation of smelling pepper, and she began to sneeze—sneezed fully a dozen times in rapid succession. This was followed by an urgent desire to defecate. She arose from her bed to go to the commode, and fell heavily upon the floor unconscious. Dr. Northrup was immediately summoned, and found her lying on the bed, eyes closed, her countenance pale leaden, her "jaw dropped," in a condition of general relaxation. There was no sensitiveness of the conjunctiva. Twenty minims of whisky were administered hypodermically and shortly repeated. In a few moments more she opened her eyes with a wild staring look, and presently began to vomit frothy mucus. This dry retching continued for more than an hour. The headache was not relieved by the treatment.

At the first symptoms of her next headache the patient again resorted to antipyrin, but this time in one dose of five grains. Shortly after taking the dose she felt queer; and when the doctor arrived she was lying on a sofa with head raised, her face flushed a deep crimson, her neck, hands, and wrists covered with a urticaria, tearing clothing from her neck and chest, sighing and gasping for breath, and with a worried and anxious countenance. The pulse at the wrist was rhythmic, moderately full, but without good tension. After an hour the symptoms began to subside.—*Medical News*, April 27, 1889.

ELECTRIC CATAPHORESIS AS A THERAPEUTIC MEASURE.—After carefully conducted investigations of the cataphoric action of the galvanic current, Dr. Frederick Peterson arrives at the conclusion that there can be no question of the ability of the galvanic current to carry fluids through the skin and into the tissues of the body. His experiments were conducted mostly with cocaine and aconitine. With the former, or the two combined, a deep anæsthesia may be produced, in conjunction with the anode, sufficient for the relief of pain in superficial nerves or for small operations, such as the painless removal of cutaneous growths or the electrolysis of hair roots. The anæsthesia may be made rapid by the use of strong solutions. Wherever and whenever the anode is employed for the relief of pain, its efficacy will be greatly increased by moistening it with a ten to twenty per cent. solution of cocaine. Rubbing the skin with a little alcohol or chloroform to remove the oil globules previous to the application will hasten the effect.—*N. Y. Medical Journal*, April 27, 1889.

DIABETES AND ITS CONNECTION WITH HEART DISEASE.—Dr. Jacques Mayer, Carlsbad, in reviewing the subject of diabetes and its connection with heart disease, states that, notwithstanding the amount of literature on diabetes since the memorable discoveries of Claude Bernard, that singularly little is as yet known on certain affections of the heart and bloodvessels which are apt to occur in the course of that disease. He suggests that this may, perhaps, be accounted for by the circumstance that those who have occupied themselves with investigating the pathology of diabetes, seem to have given their chief attention to the examination of those organs which experimental physiology has shown to be more particularly involved in its production. He then refers to his own observation, reported nine years ago in cases of diabetes complicated with obesity. These patients were apt to be suddenly taken

with dyspnoea, although not to an alarming extent; they complained of pain and a feeling of oppression in the cardiac region, the pulse was abnormally quick, beating at a rate of 120 to 140 in the minute, with marked want of rhythm (delirium cordis). The pain sometimes spread from the heart to the shoulder, or to the left arm. In fact, the symptoms were analogous to those of angina pectoris. Attacks of this kind came under his notice in the initial stage, as well as in the further progress of the disease, but more frequently at an advanced period, after the obesity had more or less subsided; and physical examination of the heart showed mostly dilatation of the ventricles. At this time he did not think there existed an etiological connection between these symptoms and the diabetic process, or, more strictly speaking, the saccharine blood, more especially because the same cardiac symptoms and physical state of the heart, have also been frequently observed in cases of obesity without diabetes. From 1879 to 1888 he has endeavored to ascertain whether an etiological connection could be traced between heart disease in its clinical and anatomical aspects, and the principal symptoms of diabetes, viz., glycosuria and azoturia. From this point of view he has examined altogether 380 cases. He found that 248 of the cases occurred between the ages of forty and sixty. 337 cases were in the first stage of the disease and 43 in the second stage. 268 were males and 114 females. The female sex showed a far higher percentage in the second stage of the disease than the male. Dr. Mayer claims that there are three well-marked types of diabetes.

1st. Patients of a feeble and delicate constitution, a more or less pale complexion, and a timid, anxious expression.

2d. Patients who, on the contrary, have a vigorous and healthy appearance, a florid complexion, and a lively animated expression.

3d. Obese patients, some of whom are pale and sallow, while others have either a ruddy or a livid complexion.

In cases belonging to the first type Dr. Mayer has seen endocarditis supervene after some little time. In other cases of the same type he has seen cardiac debility come on suddenly, the physical signs indicating no morbid change in the endocardium, or that the volume of the muscular substance of the organ had been altered. He considers, however, that the character of the pulse, which is very easily compressible and of varying frequency, as well as from weakness of the heart's sounds and the occasional presence of the so-called "galloping murmur," that in such cases the functional power of the heart is lessened, owing either to atrophy or retrogressive changes in the muscular fibres—that is fatty degeneration. Other cases which had in the beginning shown nothing abnormal, revealed, as time went on, dilatation of the organ. In diabetic patients of the second type, he found, in the majority of cases, after the malady had lasted for a variable time, a well-marked group of symptoms pointing to the development of cardiac hypertrophy, involving the left ventricle. He has observed that this condition may last for years without producing systemic disturbance, provided the patient avoids over-exertion and emotional excitement, is temperate, and is careful to take regular exercise. On the other hand, where there is impaired nutrition; where the food taken does not supply the wants of the system, as is always the case, sooner or later in diabetes, the functional activity of the heart necessarily becomes lessened. The cardiac muscle is then relaxed and dilated, and shortly severe symptoms of disturbed balance of power make their appearance. Signs of cardiac debility are then of cardinal importance in the further progress of the disease. In patients of the third type, where diabetes is complicated with obesity, he considers that independently of the influence of accumulation of fat on and in the interstitial tissue of the muscle, as well as of arterio-sclerosis, which is so frequently present, the diabetes as such intensifies the degree of the heart affection, and accelerates the eventual termination of the illness.

The doctor considers from the above that enlargement of the heart, owing either to hypertrophy or dilatation, occurs much more frequently in diabetes than has formerly been assumed. In 82 out of 380 cases of diabetes which have been under his care, the condition just described has been present, without any other pathological change which could have led to it. He wishes to be understood to account for the hypertrophy and dilatation of the heart, which are so frequently found in diabetes, on grounds similar to the conclusions drawn by Israel from his experiments, that healthy kidneys will, to a very great extent, answer the increased calls made on their power, but that in extreme cases, such as diabetes and feeding with urea, they eventually become insufficient, and this sooner or later according to individual circumstances. This insufficiency is then met by increased functional

activity of the heart, which, if persisting for a sufficient time, leads to hypertrophy of that organ. A large number of cases are given to support the views of the author.—*Wood's Medical and Surgical Monographs*, April, 1889.

RESPIRATION BY THE NOSE AND BY THE MOUTH.—Dr. Smalster has recently stated that inspiration is either made by the nose or by the mouth. Simultaneous inspiration by the nose and by the mouth is physiologically and anatomically impossible. The same holds good in expiration; it is accomplished either one way or the other, simultaneous expiration by the nose and by the mouth being impossible; consequently, respiration is never performed by two orifices at the same time. Operations may therefore be performed on one of these parts while inspiration is carried on by the other.—*Revue Medicale de Louvain*.

CHRONIC CONSTIPATION.—Ohraszou, of Kiew, recommends in the treatment of chronic constipation that the patient take his meals more frequently, so that intestinal peristalsis is kept up more steadily. He also advises daily walks in the open air, and short cool baths about half an hour after each meal; also massage and electricity. He thinks that purgatives should be avoided.—*Allgem. Med. Centr. Zeitung*, 26, 1889.

THE DIFFERENTIATION OF TRUE AND SIMULATED EPILEPSY.—In the military asylums of Russia, epilepsy is often simulated by the soldiers. Tronoff gives some hints by which the true can be differentiated from the simulated disease. Those who simulate epilepsy generally choose the night as the time for the attack, and select some place for the convulsion in which they will not be likely to injure themselves during their contortions. As symptoms of true epilepsy may be taken the following: Sudden unconsciousness with three stages: 1. General tonic spasm with suspension of breathing and of the pulse and contracted pupils. 2. General clonic convulsion, with respiration and pulse accelerated, mydriasis, cyanosis, and rattling in the fauces and foaming at the mouth. 3. General debility, sweat and sleep; temperature about 38° in the anus. During the first two stages there are anæsthesia and suspension of the reflexes.—*Centralblatt für Nervenhe.*, March, 1889.

ENTEROPTOSIS AND NEURASTHENIA.—Different neuropathic states can be caused by changes in the static relations of the intestines. From some cause, especially during pregnancy, the knee of the colon drops down at its place of union with the transverse colon. The latter is thus made to occupy an oblique position in the abdominal cavity, and so pulls down the stomach and compresses the loops of the small intestines, and interferes with the circulation through the mesenteric arteries. The consequences of this condition are: Dilatation of the duodenum and of the stomach, congestion of the liver, abnormal mobility of the kidneys, and, sometimes, even deviation of the uterus. Its diagnosis is assured when the neuropathic person cannot digest milk, and complains of insomnia towards morning, with general malaise during the day, with sensation of heaviness in the region of the stomach, vertigo and faintishness as soon as he turns upon his right side in bed. Such patients must wear a bandage in order to hold the intestines as much as possible in their normal position. The diet, of course, must be regulated.—*Progres Med.*, 51, 1888.

SUB CLAVICULAR ADENOPATHY IN ABDOMINAL CANCER.—The sub-clavicular lymphatic glands often become involved in cases of cancer of the abdominal viscera. Virchow and others account for this on the supposition that the cancerous cells are carried forward by the abdominal lymphatics, until they reach the sub-clavicular glands, where they remain. Troisier has observed enlargement of the sub-clavicular lymphatics in fourteen cases of cancer of the stomach; he has also observed it in cancers of the pancreas, of the intestines, of the liver, of the kidneys and of the supra-renal capsules, of the uterus and of the ovaries. More frequently the glands of the left side are involved (twenty-three times in twenty-seven cases). In four cases both sides were affected. In five cases the inguinal glands were also affected. This adenopathy is mostly a late symptom of cancer, and is of evil prognosis, as it is indicative of general infection by the disease.—*Arch. Gen. de Med.*, March, 1889.

[In a case of cancer of the abdominal viscera recently under our care, this sub-clavicular adenopathy was quite well-marked. In its first stages the nature of the patient's illness was very obscure. There was much vomiting of food and mucus, and severe epigastric pain, which was greatly relieved by bending double. There

was also severe pain in the back, extending around to the epigastrium. Careful physical exploration failed to show a tumor at this time. Finally, the sub-clavicular adenopathy appeared. By this time, the patient had emaciated to such a degree that the detection of the abdominal tumor became an easy matter. An autopsy revealed a cancerous tumor that had probably started in the pancreas, and spread to the stomach and small intestines; also involving the tissues surrounding the great bloodvessels of the abdomen. The adenopathy in this case was left-sided; it made its appearance about one month before the patient's death.—Eds.]

THE TREATMENT OF EPILEPSY BY GALVANIZATION OF THE THYROID GLAND.—In view of the nervous troubles that complicate the cachexia strumipriva, Signicelli thought that this gland might have some influence in the production of epilepsy. He therefore made experiments in the treatment of epileptics by galvanization of the thyroid gland. Of several cases thus treated, there was no diminution in the frequency or severity of the fits in three. In the other four, there was at first an increase, followed later by a rapid decrease in the number and severity of the attacks. The mental condition of the patients also improved. One of the patients has now gone several months without a convulsion.—*Revue de Clin. et de Therap.*

METHOD OF PREPARING BRAINS AND OTHER ORGANS FOR ANATOMICAL AND PATHOLOGICAL DEMONSTRATION.—The material used for the purpose is the so-called Japan-wax. The melting point of this substance varies from 107° F. to 131° F. It is insoluble in water, scarcely soluble in cold alcohol, and very soluble in chloroform, benzole, and xylol. The specimen or organ is first carefully hardened in some reagent which will preserve its size and shape as perfectly as possible, and the best for this purpose is Müller's fluid or Erlicki's solution. After hardening, the specimen is washed, placed in dilute alcohol, and gradually advanced through alcohols increasing in strength until absolute alcohol is used. When thoroughly dehydrated by the use of absolute alcohol, it is placed in a saturated solution of Japan-wax in chloroform, and allowed to remain until the alcohol is displaced by the chloroformic solution. The organ is then transformed to a bath of melted wax, and kept therein at the melting point until thoroughly infiltrated. After infiltration is complete, the specimen is removed from the bath, the wax drains from the surface. When cool it may be varnished if desired. The preparations are permanent in the air, are more durable than wax models, and the shape and size are perfectly preserved.—*Journal of Nervous and Mental Dis.*, February, 1889.

MEASLES OCCURRING IMMEDIATELY AFTER RUBEOLA.—Genser reports three cases in one family where rubeola was immediately followed by measles. In the first child the rubeola eruption appeared April 29, 1887; prodromal symptoms of measles May 6th, the eruption May 9th. In the second child the prodromal symptoms of rubeola developed May 17th, the eruption May 18th; prodromata of measles on the 20th, and the eruption on the 21st. In the third child, prodromata of rubeola on May 16th, the eruption on the 17th; prodromata of measles on May 21st, the eruption on the 22d.—*Jahrb. für Kinderheilk.*, xxviii., Bd., *Archiv. für Dermat. und Syph.*, 1889, I Heft.

NAPHTHALIN ERUPTION.—Preobrashenskij administered five grammes of naphthalin within two days to a sixteen-year-old typhus patient who was in the stage of convalescence, whereupon a measles-like, papular eruption suddenly appeared on all parts of the body. This disappeared a few days after stopping the drug and was followed by desquamation.—*Medicinische Rundschau*, *Archiv. für Dermat. und Syph.*, 1889, I Heft.

ON THE TREATMENT OF ERYSIPELAS WITH ALCOHOL.—In several journals alcohol has been praised as a sure destroyer of the coecel of erysipelas. A physician to the female workhouse, in which institution a great number of women constitutionally predisposed to erysipelas may be found, and where many cases of erysipelas were severe and of long duration, Behrend had opportunity enough to put it to the test. As most women know the initial stage, the characteristic circumscribed redness and hardness of the cheek and stinging pains, cases could be treated early. The women were kept at their work, but enjoined to wash the affected parts and its surrounding skin three times a day with absolute alcohol of 90 per cent. This always stopped the local process in from four to five days, and thus the opportunity was lost to observe whether the same treatment was equally efficacious in advanced

stages of vesication and suppuration. He also used the same treatment among his private patients, especially with an old lady, who for years suffered from erysipelas on the lower extremity with stationary infiltration and swelling. The alcohol treatment not only aborted the erysipelas, but continued ablutions, twice a week, steadily reduced the infiltration.—*Berlin. Klin. Woch.*, 4, 89.

BRYONIA AS AN ANTIHÆMORRHAGIC.—Petrescu, of Bucharest, recommends radix bryoniæ (decoction of 20.0–25.0 to 300.0 of water, boiled down to 150.0, and filtered, and divided into four portions, one of which is to be administered every half hour) as a most efficient antihæmorrhagic remedy. The watery and alcoholic extracts are very efficacious in metrorrhagia, hæmaturia, hæmoptysis, hæmatemesis, and epistaxis.—*Berliner Klin. Wochenschr.*, 8, 1887.

UNUSUAL EFFECT OF COCAINE.—Mr. Ashworth reports the case of a man admitted to the hospital for recurrent cancer of the upper lip. He was fairly well nourished, but owing to weak and irregular action of the heart it was decided to use cocaine locally as the anæsthetic. Ten minims of a 5 per cent. solution were injected on either side of the part to be excised, making one grain in all. The patient very soon became excited and complained of feeling queer, the respirations at the same time becoming rapid and shallow, and the pulse quick and feeble. This condition gradually became worse, until about twenty minutes after the administration of the drug the pulse rate was 160, and was scarcely perceptible at the wrist, although the carotids were pulsating strongly. The respirations were very rapid, shallow, and irregular, with an occasional deep one resembling a sigh. The patient appeared to be panting for breath, but unable to satisfy himself, until suddenly he would manage to take a deep inspiration, and would then seem relieved, but only for a moment, when the same condition would rapidly return. He was totally unable to control his breathing momentarily in order to take an inhalation of sal volatile. The pupils were normal and reacted to light. There was no extreme pallor indicating a contraction of the capillaries as mentioned in the books; on the contrary, there was marked cyanosis, especially noticeable on the lips and forehead. The feet became cold, and the skin covered with a cold perspiration. As soon as the pulse showed signs of marked enfeeblement he was given a draught of sal volatile, but with little effect. In about an hour and a half he seemed quite himself again.—*London Lancet*, March, 1889.

TREATMENT OF CHLOROSIS WITH DEFIBRINATED VEAL-BLOOD.—In cases of chlorosis Dr. Dunkerhoff orders defibrinated veal-blood given as follows: At noon 100–120 c.cm., and between 6 and 7 P.M. 90–100 c.cm. The quantity of hemoglobine in veal-blood is from 11 per cent. to 25 per cent., and as hemoglobine contains 0.43–0.45 iron, we find that 220 c.cm. of blood contains 0.43 iron. The quantity of nitrogen in the blood ranges between 2.39 and 2.47, or 100 c.cm. The taste of fresh veal-blood is not as disgusting as that of beef, dog, or human blood. Many patients affirm that they prefer it to the taste of some iron preparations. Rinsing the mouth out with water rapidly dispels the taste. In chlorosis it must be steadily used for several months to get real benefit therefrom. Under its use the quantity of hemoglobine and of the red corpuscles increases, as does the weight; appetite returns, and the patient feels stronger. In chlorosis from helminthiasis, renal affections and nervous disturbances its success is more than doubtful.—*Wien Med. Presse*, 11, 1889.

INJECTIONS IN GONORRHOEA.—Du Castel, an adherent of the antiseptic method of treating urethral blenorrhœa, has made use of a large number of antiseptic solutions and believes that the most of them, particularly the bichloride of mercury, keep up the inflammation of the urethral mucous membrane. They may produce an amelioration of the disease, but not a positive cure.—*Gaz. des hôp.*, 1888, No. 111; *Archiv. für Dermat. und Syph.*, 1889, I Heft.

ON THE CLINICAL SIGNIFICANCE OF CLAY-COLORED STOOLS UNACCOMPANIED BY JAUNDICE.—At a meeting of the Royal Medical and Surgical Society, Dr. T. J. Walker read a paper on the above subject. After referring to the accepted views on the significance of clay-colored stools, he gave two cases in which, during life, a persistent symptom was the absence of color in the feces, and in which the diagnosis made of obstruction of the pancreatic duct, with a healthy condition of the bile-duct, was confirmed at the necropsy. From these cases Dr. Walker concluded,

first, that the formation of hydrobilirubin, the coloring matter of the feces, depended upon the mutual reaction of the bile and pancreatic fluid, under the influences met with in the intestinal tract; secondly, that in disease a deficiency of the pancreatic fluid would, equally with a deficiency of bile, cause the pathological condition of colorless or clay-colored stools; thirdly, that according to the most recent physiological researches, that portion only of the colored constituents of the bile which had been converted into hydrobilirubin was excreted in the feces, while the unchanged bilirubin, bilifuscin and biliverdin, were absorbed, it followed that, if hydrobilirubin could not be produced without the aid of the pancreas, that organ must have an important rôle in regulating what portion of the bile entering the intestines should be absorbed, and what thrown off with the feces. Dr. Walker then pointed out that these conclusions received confirmation of other published cases, that Claude Bernard recognized that the pancreas had a part in producing the color of the feces, and that the state in which the bile pigments were found in the meconium of the fœtus, while the pancreatic function was in abeyance, also accorded with these conclusions. He further pointed out the fact of the pancreas influencing the excretion of the bile in the feces would, if accepted, reconcile the discrepancy between the clinical observation that certain drugs produced copious bilious stools, and the physiological observation that these drugs had little or no influence on the secretion of bile by the liver, and that the same fact would explain these hitherto inexplicable cases in which, with no evidence of arrest of the bile-secreting functions of the liver, or of obstruction of its ducts, the symptom of white or clay-colored stools was persistently present.—*British Medical Journal*, March 30, 1889.

CHANCER OF THE CHEEK—A man of healthy appearance, aged 29, presented himself for treatment at the St. Thomas Hospital in the latter part of March of the present year. Below the right eye he had a large elliptical ulcer, which was two inches broad and about one and a half inches in its vertical measurement. It was elevated about one-sixth of an inch above the level of the surrounding skin. Its surface had a polished appearance, a reddish color, was rather uneven, and manifested no tendency to heal. The edge was rather sharply defined, moderately hard, and considerably everted. The neighboring skin was slightly reddened. Pain and sensitiveness to touch were rather slight. The submaxillary lymphatics were swollen and indurated, particularly on the right side. The characteristic roseola had developed upon the buttocks and face on the day he applied for treatment, and the fauces presented a moderate inflammatory irritation. Seven weeks before he was first seen he had received a blow on the left eye, which was followed by ecchymosis and a slight abrasion of the skin. An acquaintance, who was later found to be suffering from mucous patches in the mouth, removed the exuded blood by sucking the wound. Three weeks later the ulceration manifested itself at the site of the injury. Anderson calls attention to the fact that the lesion would call to mind malignant disease rather than hard chancre, and also the ease with which a wrong diagnosis could be blundered into in such a case if secondary manifestations have not yet appeared.—*Monatsh. für Prakt. Dermatol.*, Bd. VIII., No. 5.

PERMANENT SLOW PULSE AND URÆMIA.—Debove found a pulse of 32 and a perfectly normal beat of the heart in an old woman. Some œdema about the malleoli was noticeable. Neither sugar nor albumen was to be detected in the urine. From 500 to 800 grammes of urine were passed in the twenty-four hours. Auscultation failed to reveal the cause of the dyspnoea that she experienced on the least motion. She had daily severe fainting spells, followed by convulsions. Debove supposed uræmia to be the cause of her symptoms, and ordered a milk diet. The urine increased to 1200 grammes daily, and the dyspnoea and fainting disappeared, but the pulse remained at 32. The urinary secretion always diminished with the diminution of arterial pressure. Rendy considers a permanent slow pulse a primary bulbar manifestation of uræmia, but it is often found independent of that condition in renal and cardiac troubles. Gingeot observed in an old man of 83 years, who had been a sufferer from Bright's disease for years, a pulse of 30 to 32, which had existed for a long time.—*Concours Medical*.

A QUEER CASE OF APHASIA.—Charcot reports the case of a man, about sixty years of age, hitherto perfectly healthy, who, on account of a sudden large loss of property, became aphasic. His mother tongue was the French. During a long sojourn in the United States he had acquired the English language; and as he had married a Spanish woman he also spoke Spanish. The disturbance of speech came inversely

to its acquisition. Spanish, which he acquired the last, was entirely forgotten. He mixed some English still with his French, but the latter he recollected best. By methodical exercises in speaking, this disturbance of speech gradually receded; and speech returned in the same manner he learned it before. He could speak French fluently before he could speak the English. Only after some time did the memory for Spanish become perfect again.—*Allgem. Med Centr. Zeitung*, 27, 1889.

METHODS OF CRANIOTOMY.—Dr. Archibald Donald, in a paper read before the London Obstetrical Society, points out the importance of still further improving the methods of craniotomy, since it will continue to be performed even by those holding the most advanced views in regard to Cæsarean section. For example:

1. When forceps have been tried for a long time without effect, or when podalic version has been performed and the head cannot be extricated.
2. When there is certainty or great probability that the child is dead.
3. When the condition of the mother is such as would cause Cæsarean section to be almost certainly fatal.

4. In certain cases of deformity of the fœtus.

After a table of eighteen cases, remarks are made on the method of craniotomy to be preferred: (1) In the less marked degrees of pelvic contraction; (2) In cases in which the contraction is considerable.

In the first class of cases the method to be preferred depends greatly on the nature of previous attempts at delivery. If the axis-traction forceps has been used to the limit of safety, and the head does not come through, the vertex may be perforated without removing the forceps, and the forceps used as a tractor after a firm grasp of the head has been obtained, by turning the screw as far as possible.

The method recommended in more severe degrees of contraction consists in (1) Podalic version and extraction of the body; (2) Perforation through the roof of the mouth; (3) Cephalotripsy of the after-coming head, and (4) Extraction of the head by means of the cephalotribe, or by traction on the body and lower jaw combined with supra-pubic pressure. The advantages of this method are as follows:

1. The base of the skull is effectually broken up.
2. The head is well fixed during perforation and crushing.
3. The position of the head is easily altered, thus allowing the cephalotribe to be applied in different directions, or the head to be brought down with its crushed diameter in the smallest diameter of the pelvis.
4. The collapse and moulding of the head are often brought about readily by combined traction on the jaw and body of the child and supra-pubic pressure.—*American Journal of Obstetrics*, May, 1889.

DIETETIC TREATMENT OF PATIENTS EXCRETING URIC ACID IN EXCESS.—Sir Henry Thompson, in a lecture, expresses the following views regarding the dietary of persons excreting excessive quantities of uric acid; while recommending the treatment of such cases with certain mineral waters containing sulphates of soda and magnesia, which act primarily on the organs of digestion, it is only natural to suppose that the right regulation of the diet of the patient must accompany the medical treatment. He is satisfied in nineteen out of twenty, and probably a larger proportion of cases than that, an undue deposit of uric acid will disappear under proper dietary. It was formerly held that when a patient excreted uric acid superabundantly, the obvious and chief course was to diminish the nitrogenous elements of his food, since uric acid contains a large proportion of nitrogen. But this simple view of the matter will not furnish the secret of successful treatment. For many years past, he has pursued a widely different course. Speaking in general terms, the two classes of food which it is necessary to eliminate from the dietary of those who have been excreting uric or oxalic acid abundantly, but especially the former, are fatty matters and saccharine products of all kinds; the former not entirely, the latter as completely as possible. Next, alcoholic drinks should be forbidden, or, if permitted in some exceptional cases, should be taken in very small quantities. Their habitual use for healthy persons is undesirable and injurious, as a rule, and for patients with impaired digestive powers, it is usually still less desirable. For those who have symptoms so often described as depending upon a "torpid liver," alcoholic drink of any kind is, he believes, invariably pernicious; its daily use in very small quantity creates the condition so termed, and is the cause of an infinite number of cases of chronic "sick headaches," "bilious attacks," as well as malaise, and mental and bodily incompetence, attributed to slow digestion.

In these cases, three, four or even six months may pass before the digestive functions regain their normal power apart from the artificial stimulus, and then they work better than before. When you admit some compromise in the matter, advise a sound light wine, the product of Moselle if possible; in its absence, that of the Rhine or Bordeaux. Forbid most champagnes and effervescing wines. The stronger wines, as sherry and port, are always unsuitable, and strong beer is to be absolutely forbidden. Very light beer, or sound cider, which is neither sweet nor acid, is preferable to any of these if alcoholic stimulant is to be taken. In the matter of diet, there can be no compromise if it is intended to arrest the progress of calculous formation when it has once commenced.

When laying down rules to be followed, whatever the object in view, the prescriber must consider the patient's habits, activity of his daily occupation, his age, etc. Where severe or prolonged muscular exertion must be sustained, in laborious occupation or in the pursuit of sport, more hydrocarbons and a little more nitrogenous food are desirable than for the sedentary man whose time is chiefly spent at the desk, in the office, in the courts, in the studio, in the carriage, and who has, moreover, but little opportunity for exercise. There is no more flagrant popular error than that which is responsible for the practice of constantly "supporting," as it is termed, those who manifest the debility of age by augmenting their supply of food. It should be remembered that all excess of nutriment over the power to assimilate, and also to employ in healthy activity when assimilated, must inevitably overtax the excretory powers, and become a source, at least, of discomfort, if not of disease. The ordinary food in daily use which largely contain the objectionable elements, and must therefore be more or less avoided, are milk, cream, butter, cheese, eggs (especially the yolk, as in the form of omelette), creams and pastry; fat pork in its many forms, suet in puddings and pastes, the fat of roast and boiled meats, etc., the homely rice or sago pudding, chiefly compounded of milk and egg with sugar, so excellent for our children, and for healthy, active people—type of simplicity, I might almost say, of domestic virtues, is in the last degree objectionable for your uric-acid making, gouty patient. Then, next, all articles of food containing sugar, especially cane-sugar, must be expunged absolutely from the list of aliments permitted.

What, then, is the dietary to consist of? Fish in all its forms, except those which contain much fatty matter. Game and poultry, lean meat in moderate quantity, besides preparations of gelatine flavored or acidulated, but unsweetened. Butter in moderate quantity is the only direct form of fat. Well-made bread, especially that containing every portion of the wheat grain, outer envelope or husk included, haricots and lentils, the farinaceæ, as rice, sago, tapioca, arrowroot, etc., as savory dishes and not as sweets. Fresh green vegetables are especially to be recommended. Apples may be allowed, best roasted or baked, without added sugar. But rhubarb, strawberries, raspberries, gooseberries and currants, grapes, plums, pears, etc., and all sweet fruits, native or foreign, fresh or preserved, must be rejected without hesitation. For those who feel the loss of sugar in diet, "saccharin" may be used. It is essential to stipulate a certain amount of muscular exercise, some in the open air, and encourage healthy action of the skin by daily bathing and friction with the brush. It should not be forgotten that with the diet prescribed, thicker clothing will probably be necessary than when food more rich in fat is being consumed.—*Wood's Medical and Surgical Monographs*, May, 1889.

OTOSCOPY IN DISEASES OF THE SPINAL CORD.—As the examination of the fundus of the eye is capable of affording valuable assistance to the diagnosis of cerebral diseases, so, according to some recent researches of Dr. Gellé, some light may be thrown on diseases of the spinal cord by examination of the ears. When pressure is exerted on the tympanic membrane by means of injecting air into the meatus with a ball syringe whose nozzle fits closely into the passage, the hearing power is diminished both when tested with a tuning fork placed on the ball of the syringe, and also when placed on the cranium, thus showing that the sound, whether conveyed by the air or by the bony case of the ear, has to pass by the same route—viz., the membrana tympani and the chain of ossicles—in order to reach the labyrinth; the German theory of the direct propagation of cranial sounds through the petrous portion of the temporal bone to the labyrinth being in this way, according to Dr. Gellé, shown to be incorrect. When the tuning fork is heard as well with an inflated meatus as under normal conditions, the true inference is that the stapes is immovable. Not only does inflation of the external meatus diminish the hearing power of the ear on which it is practiced, but that of the other side as well. This

must be due to a reflex action controlled by an oto-spinal centre causing an increase of tension in the membrane of the opposite ear. If this be the case as Dr. Gellé believes, a method is opened up for diagnosing the condition of the spinal cord near the oto-spinal centre, as where the ears themselves are sound, a want of co-ordination will indicate the existence of some lesion of the cervical portion of the cord.—*London Lancet*, April, 1889.

THE TREATMENT OF PROLAPSUS UTERI BY MASSAGE AND PELVIC GYMNAS-TICS.—At the meeting of the Obstetrical section of the Royal Academy of Medicine in Ireland, Dr. Alfred Smith read notes on the treatment at the Rotunda Hospital of six cases of prolapsus uteri by Thüre Brandt's method of massage and pelvic gymnastics. The technique of this special treatment consists of, firstly, in the lifting of the uterus; secondly, in massage of the uterus and its ligaments; thirdly, in forced separation and forced closure of the knees; and fourthly, in tapotement of the lumbar and sacral vertebrae. The duration of these four exercises, which are performed at one sitting, is from fifteen to twenty minutes, and should be repeated daily for a period of from two to eight weeks. The sitting having concluded, the patient turns on her face, and remains in that position for about ten minutes. The results obtained by Dr. Smith, though good, were not as brilliant as those reported by Profanter, Brandt, von Preuschen, and others. He believed that the method mentioned to be a valuable adjunct to the treatment of uterine displacements with pessaries, and that it was capable of effecting permanent cures. In the discussion that followed the reading of the paper, a variety of opinions were expressed. Some advocated the treatment, having found it successful in their practices. Others condemned it as indelicate, others reported failures, while still others considered that the failures were due to the lack of care in carrying out the necessary details.—*The Dublin Journal of Medical Science*, May, 1889.

PRESERVATION OF COLORED ANATOMICAL SPECIMENS.—Alcohol changes and often destroys the coloring matters of these objects. M. Fabre Domergue proposes a syrup in accordance with the following formula: Syrup of glucose, of 25° B. 'specific gravity, 1.210), 1000 grms.; white glycerin, 100 grms.; methylic alcohol, 200 grms.; camphor, q. s. The glucose is dissolved in hot water; after cooling the other articles are added, with a "few pinches" of powdered camphor. The liquor should be neutralized with a little soda or potash lye; it should then be filtered and a little camphor should be dusted over the surface.—*Am. Journ. of Pharm.*, May, 1889.

IMPOTENCE CONSEQUENT ON VARICOCELE.—Seguod reports a case in which the radical cure of a varicocele was followed by return of the sexual appetite in a young man of twenty-six years of age, and in whom it had been in abeyance since the age of puberty. This "frigidity" had resisted all methods of treatment, but ceased when the patient lay on his back. This position, or the use of a suspensory reducing the varicocele, caused an erection, which was readily brought about two months after resection of the scrotal veins. The author quotes various similar cases, particularly one by Vidal de Cassis, in which the impotence and puerile voice peculiar to *castrata* disappeared after the operation.—*London Medical Recorder*, April 20, 1889.

THE DRILLING OF CAPILLARY HOLES THROUGH THE SKULL FOR THE PURPOSE OF EXPLORING WITH THE HYPODERMIC NEEDLE.—The exploration of the brain in doubtful cases is now recognized as a legitimate procedure. It has also been demonstrated by Spitzka that the penetration of the brain by a hypodermic needle is an innocent operation, very seldom if ever followed by serious consequences when performed under strict antiseptic precautions. The method of exploration of the brain hitherto followed has been to remove a button of bone by the trephine at the suspected spot and then explore the subdural space and the brain. Such an operation is of so serious a nature that it cannot prove popular for diagnostic purposes. Many abscesses and cysts could have been aspirated and been cured had not the apprehended complications of an exploratory trephining stood in the way. Soucoun has been instituting experiments looking to the substitution of the comparatively formidable operation of trephining by that of drilling through the skull a small hole only large enough to introduce a hypodermic needle. He made practical tests of this idea on dogs. The operations were in every instance performed under strictly antiseptic precautions. As soon as the skull has been penetrated the

drill with which the hole had been made was withdrawn and a hypodermic needle with syringe introduced. The needle should be twice as large as the ordinary needle of our cases, so that if it should strike the thick pus of an abscess or the thick fluid of a cyst, the calibre will be large enough to suck it. In none of the animals on which this operation was performed did any untoward results ensue. The author contends that this operation has the advantage of simplicity; it also permits of several portions of the brain being tapped at the same sitting instead of being limited to one area as in the case of the trephine. The needle, upon striking a tumor of greater consistency than the brain substance, would immediately impart the sensation, the consistency and localization to the hand of the explorer. If no such sensation is experienced then the piston should be worked at different depths to see that there is no fluid tumor at the points explored. Only in cases of tumors of the same consistence as the brain would this method yield no information.—*New Orleans Medical and Surgical Journal*, May, 1889.

THE TREATMENT OF INCONTINENCE OF URINE IN CHILDREN BY THE SOUND.—In a practice of nearly forty years Dr. J. E. Clark has had a large number of cases of incontinence of urine in children, and he has used nearly all the drugs that have been recommended for this condition. It finally occurred to him that in many cases, perhaps, the trouble was due to a condition of irritable urethra, such as is present in the adult in cases of spermatorrhœa; and if so that it could be cured in the same way, by the passage of the sound. Repeated examinations have proved the correctness of this view, and the author recommends the sound as the proper measure in all uncomplicated cases of incontinence of urine in children. He adds that he has never found a stricture, only a spasmodic resistance to the passage of the sound, sometimes called spasmodic stricture. The writer warns against dilating the urethra. He believes No. 9 English is as large as most children under twelve years of age can bear.—*Archives of Pediatrics*, March, 1889.

THE IMPORTANCE OF PERSPIRATION IN ACUTE INFECTIOUS DISEASES.—The observations of Quirolo, of Genoa, show that toxic substances can be detected in the sweat of pneumonic patients. He also instituted examinations of the sweat of persons suffering from typhoid fever, articular rheumatism, measles and small-pox, and compared it with the sweat of perfectly healthy persons. He inoculated rabbits with the sweat from these diseases, and such in whom he injected a sufficient quantity died in from twelve to twenty-four hours; while those inoculated with the sweat of healthy persons showed no morbid manifestations. Those who died showed no increase in the temperature; and the autopsy only detected a scanty, serous or bloody-serous effusion in the peritoneal cavity; never any splenic tumor or other changes. The author thinks it a matter of great therapeutic importance to secure copious sweating in these diseases in order to remove the toxic substances from the organism.—*Med. Neugk.*, 11, 1889.

PARALYSIS AGITANS CURED BY HYPNOTISM.—A patient who had suffered for four years from paralysis agitans was successfully treated by Luys who tried on her the action of circularly rotating mirrors. The diagnosis of the case was beyond question. The patient's hands trembled. There was general trembling of the trunk; the neck was stiff, and the head immobilized on the cervical column; the face also showed the characteristic expression of the disease. The patient could neither dress or feed himself, or write. Amelioration of the symptoms began after eight daily seances; and after the fourteenth he was able to drink without spilling the fluid. He never received any suggestions until after improvement began, when it was suggested to him that he not tremble any more. It would seem that the reflexes from the mirrors carried luminous vibrations to the nervous centres, and by their rapid and successive revolutions caused the improvement.—*Bulletin Med.*, 23, 1889.

FALLING OUT OF THE HAIR OF THE BEARD AND SCALP AFTER RAILROAD ACCIDENTS.—Dr. Stepp, of Nuremberg (*Deutsche Med. Wochenschr.*, 1889, No. 4), has observed two cases. In the first the hair of the beard commenced to fall out in circumscribed areas a year after the accident until, finally, all of it was lost. Later, a stunted, downy crop of hair developed. A portion of the hairs of the scalp fell out while another portion became gray. In the second case the hair of the beard and scalp began to fall from circumscribed areas seven to eight months after the accident

and in a short time resulted in complete baldness of the chin and head.—*Monatsh. für Prakt. Dermatol.*, Bd., viii., No. 8.

DERMATOSES FOLLOWING MENTAL SHOCK.—A lady, after witnessing a violent assault upon her husband, was much prostrated by the fright, and three weeks later a bullous eruption, having the characteristics of foliaceous pemphigus and accompanied by incessant pruritus, made its appearance. Another case was a little girl who was rescued from burning, and remained for some time in a condition of prostration from fright. A month afterward a pemphigoid eruption made its appearance on the body, disappeared under treatment, but reappeared again several times. A third case was that of a woman who became very much excited in a quarrel with her husband. A few days afterward an exudative erythema made its appearance on the arms, hands, and feet; and vesicles on the lips. E. de Smet has recorded cases of purpura hæmorrhagica from the same cause.—*Progrès Médicale, Journal of Cutaneous and Gen. Urin. Dis.*, May, 1889.

TREATMENT FOR BURNS AND FROST-BITES.—In *Monde de la Science et de l'Industrie* Buboff reports sixty cases of burns and frost-bites successfully treated by his method, which consisted in the application of compresses of cotton or linen moistened with a solution of permanganate of potassium. The strength of the solution was from one to three grains to the ounce of water. The remedy is only efficacious in burns of the first degree, and in frost-bites of the first and second degrees.—*Journal of Cutaneous and Gen. Urin. Dis.*, May, 1889.

NAPHTHALIN IN FETID DIARRHŒA.—Holsti reports favorably on the use of naphthalin in cases of fetid diarrhœa. For adults he orders 0.5 grams, four or five times daily; for children, from 0.12 grams to 0.18 grams, four doses daily. It must be continued some time after the symptoms for which it was given have ceased, as relapses are apt to follow if it is discontinued too soon. Most benefit was derived from its use in cases of chronic enteritis, when the usual treatment had failed. In adults no unpleasant sequelæ were observed to follow the use of the drug. But in a child of eighteen months the drug produced a high degree of anæmia, though the diarrhœa improved. Great care is needed when prescribing the drug for children, especially when its administration is continued for any length of time.—*Journ. de Med. de Paris*, March, 1889.

[Dr. F. F. Laird, of Utica, New York, gives a short résumé of naphthalin in the *North American Journal of Homœopathy* for March, 1889, wherein he calls our attention to the antiseptic powers of the drug in affections of the mucous membranes (bronchorrhœa of the aged, etc.), and in destroying the terrible odor arising from ammoniacal decomposition of the urine, as seen in cases of paralysis of the bladder, chronic cystitis, etc.—S. L.]

ACUTE CIRCUMSCRIBED ŒDEMA OF THE SKIN.—A man fifty years of age lost his wife, and a few days afterwards had an œdema of the upper eyelid, lasting about twenty-four hours. This phenomenon repeated itself at intervals of three or four weeks for three or four years. Seven years after the beginning of the affection the right eye suffered in the same manner. The intervals between the attacks gradually grew shorter. Finally the œdema attacked the lips and cheeks. It usually began during the night, and reached the point of greatest severity in the morning. Once it attacked the pharynx and larynx, and gave rise to dyspnoea and painful deglutition. Mental emotions always produced an attack. The skin of the eyelids finally lost its elasticity and hung downward in fold, so that the patient could only see when his head was thrown backwards.

A railroad engineer, a week after his marriage, was attacked with œdema of the left cheek, which remained for two days, and then disappeared to return in two weeks. Six months later the right cheek was attacked. Gradually the skin of the cheeks assumed a bloated appearance.—*Wiener Med. Presse*, 13, 1889.

HYSTERIA IN MALES SIMULATING PARALYSIS AGITANS.—In the first case the diagnosis of sclerosis *en plaques* was made, but a few cold douches and a few doses of bromide of potassium restored perfect health. A man of thirty-eight years, who had always led a regular life, was taken with an apoplectic fit, without paralysis, but followed by great trembling at every attempt to walk. For the last three years Lasagne observed a man who was thought to suffer from a cerebral tumor on account of rhythmical trembling of the neck and upper extremities. All the students at the clinic considered it an exquisite case of paralysis agitans, and still close questioning revealed decided signs of hysteria.—*Bull. Med.*, 30, 1889.

MONTHLY RETROSPECT

OF HOMŒOPATHIC MATERIA MEDICA AND THERAPEUTICS.

CONDUCTED BY

CHARLES MOHR, M.D., AND EDWARD R. SNADER, M.D.,

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HORACE F. IVINS, M.D., AND EDUARDO FORNIAS, M.D.

PROVINGS.

EQUISETUM HYEMALE.—In the May *North American Journal of Homœopathy*, Dr. St. Clair Smith reports a proving (with the tincture) of *equisetum hyemale*. Following are the principal symptoms: Dull, heavy feeling across top of head and through temples, and drawing pain in back of head and neck in the evening; flushing of face, with burning in face, neck, and right ear, without much redness; constriction of scalp and sharp stitches in temples; frequent desire to urinate, with increased amount of clear, pale urine, which gradually diminished in quantity, while the desire increased and was accompanied with pricking and burning in the urethra and soreness of the meatus; the desire to urinate became constant, and was not relieved by passing water; dull, aching pains in lumbar region; sharp pains in right, then in left kidney, extending down left side of sacrum into the thigh; constant feeling as if the bladder was distended with urine, even after urinating; tenderness and soreness over region of bladder and right side of abdomen, extending into the groin; same on left side; distended feeling of whole abdomen; soreness of testicles and cords; lame feeling in back below the scapula, increased by motion and deep breathing; pain in back and loins was aggravated by keeping still; sharp stitch in left breast, near the nipple; urine loaded with mucus, and became cloudy after standing; slight chills running up the back; marked lassitude; easily fatigued; stool, with aching in anus and feeling as if the rectum would protrude, followed by smarting in anus and a feeling as if more feces remained.

MATERIA MEDICA.

EFFECTS OF IODIDE OF POTASSIUM.—Dr. Blake, in a discussion on the effects of iodine and its combinations, reminds homœopathic physicians that Ricord found that one of the most constant effects of iodide of potassium is to induce gastralgia, especially at the left end of the stomach, and that this symptom is quite common in syphilitic women.—*Monthly Homœopathic Review*, May.

USES OF HOANG-NAN.—Dr. Clifford Mitchell, in the May *Medical Era*, gives a short *résumé* of *hoang-nan* in medicine, and, under the caption of "therapeutic uses," summarizes as follows: "By natives of Tonquin against rabies, leprosy, and malignant ulcers; by R. P. Etienne, of Trinidad, in twenty-four cases of leprosy with improvement in all but one; by Guilbot, curé at Christiansted, in one case of humid leprosy, in which its action on the ulcers was especially noticeable; by Feron, of Pondicherry, in two cases of scrofulous ulcers; by Gauthier and Lesserteur, in Tonquin, in cases of serpent bites; by Levy, in Mesopotamia, in ulcers, syphilitic, etc.;" also by Piffard, who greatly helped a case of leprosy; and Baralt, of Caracas, reports that missionaries in the Antilles have treated leprosy with the drug. Lastly, Dr. J. S. Mitchell, of Chicago, has used *hoang-nan* in cancer.

A NEW USE FOR ANTIPYRIN.—Dr. St. Clair Smith says that antipyrin acts admirably in recent cases of urticaria. The drug is given in the 3 c.—*N. A. Journal of Homœopathy*, April.

GELSEMIUM IN ASTIGMATISM.—Dr. A. C. Peterson, in the *Journal of Ophthalmology, Otiology, and Laryngology*, for April, 1889, recommends the use of *gelsemium* 2x as a substitute for the use of a mydriatic, and as often serving to do away with an apparent astigmatism; in other cases changing its axis of the cylinder, or modifying the strength of the lens required. He also lays stress upon the oft-verified condition, the reconciliation of the patient's eyes to his glasses. He does not claim unfailing results for his so-called "revolutionary" procedure.

FERRUM PICRICUM IN ENLARGED PROSTATE.—Dr. R. T. Cooper has found *ferrum picricum* of great benefit in enlarged prostate glands.—*Homœopathic World*, April.

ARSENIC IN "HOSPITAL FEVER."—The following is an extract from a letter written by Hahnemann to Stapf: "But to be serious, in this epidemic there are, besides the cases suitable for the remedies you are acquainted with, occasionally states where, in addition to the well-known medicines, *arsenic* cannot well be dispensed with; states similar to those *arsenic* is able to produce in its primary action, such as when there is perpetual thirst, in which the patient only wets his lips but cannot drink much, with cold hands and feet; when he miscalculates his strength and ventures to rise up, but then falls to the ground; when he always wants to go out of one bed and go into another, and knows not what to do for anxiety, this generally about three o'clock in the morning; when, on shutting his eyes and otherwise, he sees people and faces which are often neither frightful nor unpleasant, but which have no real existence; when he is pusillanimous, lachrymose, timorous, and has a fear of death; when he is attacked by sudden fits of suffocation, especially in bed in the evening, with or without cough; or when he is troubled with frequent attacks of nausea or sinking in the stomach—in such cases one globule moistened with the accompanying diluted solution (one decillionth) will certainly do wonders."—*Homœopathic World*, May.

REMEDIES USEFUL IN THE ALBUMINURIA OF PREGNANCY.—Dr. L. L. Danforth, before the New York State Homœopathic Medical Society, read a paper on "The Cause and Treatment of the Albuminuria of Pregnancy and Eclampsia," and gave the following remedies as most likely to be indicated in albuminuria:

Apis.—Urine scanty, high colored, albuminous and containing uriferous tubules and epithelium, edema of the face, hands and lower extremities; great prostration combined with waxy, pale, transparent skin; sometimes an eruption here and there resembling nettle rash; red pimples or an erysipelatous, rosy appearance of the anasarcaous limbs; mental restlessness; thirstlessness.

Arsenicum.—When the urine looks like dark dung water, and renal casts are abundant; great weakness and restlessness.

Antimonium tartaricum.—Urine dark, brownish-red and scanty, turbid and of strong odor; bloody and albuminous urine. Associated with this condition of the urine, the gastric derangement peculiar to this remedy are sometimes observed, such as vomiting of mucus, belching, disgust for food, salivation, bronchial catarrh, dyspnea and pulmonary edema, consequent upon uræmic affections of the nerve centres.

Glonoine.—Abundant, highly albuminous urine; must rise often at night to pass it; high colored, burning while passing. Headache (congestive) and throbbing felt with every pulsation of the heart throughout the whole head, sometimes coming in waves of congestion, with throbbing through the head; headache aggravated by stepping or jarring; blood mounts from head, throat or chest, from occiput to eyes; brain feels too large, bursting feeling; holds the head with the hands. Laborious action of the heart.

Helonias.—Albuminuria during pregnancy; urine profuse, clear, light colored and albuminous. Burning sensation in the region of the kidneys; can trace their outline by the burning; weariness, languor and weight in the region of the kidneys. General languor, unusually tired, drowsy, sleepy.

Apocynum.—Urine diminished to one-third the usual quantity, without pain or uneasiness about the kidneys or bladder; torpid kidneys.

Cantharis.—Not often indicated in the ordinary albuminuria of pregnancy, but may be the only remedy when acute nephritis occurs, or an acute attack is engrafted on a pre-existing nephritis. Urine turbid, scanty and albuminous, containing casts, mucus and shreds. Pain in the loins, kidneys and abdomen, with pain on urinating and incessant desire. Convulsions, with dysuria.

Kalmia.—Is often useful by virtue of its power over the heart and secondarily over the kidneys. Great and persistent aching pains in the limbs, without evidence of local inflammation.

Mercurius corrosivus.—Urine increased or scanty, and contains albumen and hyaline casts, with epithelial debris from the tubules of the kidney.

Helleborus.—Urine scanty, dark and albuminous.

Terebinthina.—Urine, scanty, bloody, dark and highly albuminous.

The remedies most likely to allay nervousness and vascular excitement are aconite, belladonna, coffee, chamomilla, gelsemium, hyoscyamus, ignatia and veratrum viride.

THERAPEUTICS.

GRAPHITES IN SENSORY DELUSIONS.—Dr. St. Clair Smith, while treating a typhoid fever patient, found the sufferer complaining that "his head constantly felt pithy, like a cork, and as though it was not his own, but belonged to somebody else; seemed large, and when he put up his hand to feel of it he put it several inches above the top of his head. It seemed to him as if his head was elongated, and it was a constant surprise to him that he did not find it where he felt for it." Baptisia failed to relieve. Dr. Smith then found that the stool symptoms called for graphites, and, studying that remedy, found the symptom "Pain in the head as if it were numb and pithy." One dose of *graphites*³⁰⁰ relieved the patient speedily.—"Therapeutic Notes," *N. A. Jour. of Hom.*, April.

CARBO VEGETABILIS IN TRIGEMINAL NEURALGIA.—Dr. Van den Berghe relates the case of a man 60 years of age, rather bilious than nervous, chestnut hair of a reddish hue, who suffered from right-sided neuralgia of the trigeminus several years before. He recently returned from America, at which time the old affection returned, but this time with violent pains, especially located in and around the eye. With each attack strabismus made its appearance, together with injection of the eye. The pain was especially severe at night, the nature of the affection being rheumatic. The patient was obliged to lie in a kind of a woollen sack to prevent the pains in the limbs. Aconite improved the affection; spig., china, sulph., and calcaria were given, without relief, but *carbo veg.* 30x, given for two days, brought a prompt amelioration, and, at the end of five days, the cure was complete, including the disappearance of the strabismus. Later, while hunting, not being provided with his flannel sack, he suffered from rheumatic pains in the limbs, but even then the trifacial neuralgia did not return. *Carbo veg.* is a remedy which should be studied with the object of relieving unilateral pains.—*L'Union Homœopathique*, April, 1889.

HYPERICUM IN TRAUMATIC EPILEPSY.—Dr. Allen reports the cure of a case of reflex epilepsy of traumatic origin of seven years' standing. Attacks came on every week or every two or three days. Patient did not dare to ride in a wagon alone. Eight years before, while driving a nail, it flew up and struck his eye. Inflammation resulted, followed by cataract and anterior synechia. Within a year the fits developed. Had been under treatment for two years with no improvement, but rather an increase of the trouble. Removal of the eye was suggested, but patient strenuously demurred. *Hypericum* 7 was given two or three times a day. Patient has been free from the fits since Christmas last.—"Therapeutic Notes," *North American Journal of Homœopathy*, May.

IGNATIA IN CHRONIC SINGULTUS.—Dr. H. P. Holmes treated a female Swede, aged nineteen, who had hiccup almost constantly for two years. The following were the symptoms: The hiccoughs were nervous, if not hysterical. The patient cried easily when at home, and when there was nothing to cause it. She cried and laughed in a breath when questioned. Pressing headache, more or less constant. Headache from being in a room where there was tobacco smoke; always worse from tobacco smoke. Nervous and restless. Sensation of a lump in the throat. Choking sensation in throat. Hiccough after eating, drinking, and tobacco smoke. Belching large quantities of wind. Bloating stomach. Constipation, with difficult stool. Menses scanty and delayed. Sighing, jerking respiration. Choreic movements of the limbs, worse under excitement. Restless sleep, full of dreams. The hiccoughs were very loud, and could have been plainly heard a block away. They seemed to fairly raise her from her chair. *Ignatia* 3 to 1000 cured her.—*American Homœopathist*, March.

SECALE IN COMPRESSION MYELITIS OF POTT'S DISEASE.—A man, æt. 45, under the treatment of Jousset, had compression myelitis following an old Pott's disease. Paralysis of the lower extremities soon appeared, but sensation in the affected parts remained intact. The contractility of the bladder was diminished so that expulsion of urine was difficult. *Secale cornutum* was given, and the patient is now much better.—*L'Art Medicafe*, March, 1889.

SECALE AND STRAMONIUM IN MYELITIS.—A man, æt. 41, brickmaker, much addicted to the use of intoxicating liquors, had had profuse sweats all over the body and an intense chilly feeling. His legs were very weak, so that he could scarcely stand. On the third day a tingling sensation in his lower limbs was noticed; there were also noticed a burning sensation, startings in the limbs and exaggeration of the patellar reflexes. The paralysis of the lower extremities increased. Finally, the arms became involved, especially the left. The reflexes became abolished and eschars were produced at the sacrum. At this stage, he was admitted to the hospital under the care of Jousset, after having been under old-school treatment without result. *Secale* and *stramonium* were given in alternation; in twelve days there was a sensible improvement, and in a month the patient was entirely well.—*L'Art Medicafe*, March, 1889.

SECALE IN MYELITIS DIFFUSA.—In two cases of myelitis diffusa, under the care of Dr. Pierre Jousset, *secale cornutum* 2d gave great relief. Smut rye caused in animals all the symptoms of myelitis; paraplegia preceded by cramps and muscular pains; gangrene is one of its symptoms.—*L'Art Medicafe*, March, 1889.

CONIUM IN ACUTE ASCENDING PARALYSIS.—Dr. Pierre Jousset reports a case of acute ascending spinal paralysis in an old woman, æt. 79 years, which was cured with *belladonna* and *conium*. The case of Socrates proves the similarity of conium to ascending paralysis. This remedy is also our great stand-by in diseases of the aged.—*L'Art Medicafe*, February, 1889.

STRYCHNINUM IN LOCOMOTOR ATAXIA.—Dr. P. Jousset reports the case of a man with locomotor ataxia who had never had syphilis, and had not been addicted to the excessive use of liquors. Four years before, he had had epileptoid attacks with vertigo; three years ago Romberg's symptom, disappearance of the patellar reflexes and ataxic gait supervened. Despite the exhibition of *secale*, *argentum nitricum*, *belladonna*, etc., the disease progressed. Then the patient received *strychninum* 3d, 2d and, finally, the 1st trituration. Steady improvement followed.

Another case: A man of 35 years, complained for three months of excessive fulgurant pains, loss of equilibrium, inability to stand or walk with closed eyes and loss of patellar reflexes. *Sulphate of atropine* 2d, 4 grams in 24 doses, was given; for two months steady improvement ensued, when it stopped. *Strychninum sulph.* was alternated with the atrop. sulph. and the case was cured.—*L'Art Medicafe*, March, 1889.

AMMONIUM MURIATICUM IN SCIATICA.—A patient who had been confined to bed for weeks with sciatica, after the failure of rhus tox., received *ammonium muriaticum* 3x trit. The next day he felt relieved, and made a rapid and permanent recovery. The symptoms that led to the perscription were: Pain worse sitting, pain easiest lying, contraction of leg.—*Homœopathic Monthly Review*, April.

LEDUM IN SCIATICA.—Dr. St. Clair Smith reports: "Merchant; had been unable to leave his house for more than six weeks; left leg, pain from hip joint to heel; worse in outer part of thigh and calf of leg; bottom of foot sore; leg smaller than right; skin pale, cool, and during paroxysms of pain, decidedly cool; always worse at night, and particularly aggravated by heat of bed; could remain in bed only by leaving leg outside of covers; pain dull, aching, except at times, when there were sharp pains commencing at heel and running up." *Ledum* 3^d trituration cured. He went to business without pain the second day after receiving the remedy, and has had no return of the pain for sixteen years.—"Therapeutic Notes," *N. A. Journal of Homœopathy*, April.

IPECACUANHA IN TOOTHACHE.—Dr. Mossa reports, in the *All. Hom. Zeit.*, No. 8, 1889, the cure of a case of toothache by *ipecacuanha* with the following symptoms: "In the decayed teeth and, in fact, in all of the teeth in the upper jaw, the patient had painful jerkings, as though the teeth were being pulled out. This was especially during the day; his rest was good through the night."

STANNUM IN TOOTHACHE.—Dr. G. suffered from pain in the upper incisors for four days. The pains were severe, coming at first lightly, gradually increasing in intensity, and then gradually subsiding. Nothing relieved until *stannum 3x* trit. was given. The pain disappeared in ten minutes.—W. V. R., *Chironian*, April.

CINNABAR IN EYE DISEASE.—Dr. Hayes C. French, in the *Journal of Ophthalmology, Otolaryngology, and Laryngology* for April, reports the prompt cure, with *cinnabar 6 trit.*, of a case which had resisted the skill of numerous oculists. The patient suffered terribly, complaining of a "full, heavy feeling in the whole head, temporarily relieved by pressure; dull pain in the forehead over the eyes, worse in the evening; shooting pains in forehead; shooting and pressive pains in temples; sticking and itching in both canthi and in lids; heaviness of lids; *pain from internal canthi round the supraorbital ridge to external canthi.*" The italicized symptom led to the remedy. Thus we add another brilliant confirmation of this oft-repeated symptom.

PARIS QUADRIFOLIA IN PARALYTIC EYE AFFECTION.—In a case of paralysis of the external rectus of the right eye with slight stiffness of the facial muscles of the same side, the chief complaint was a feeling "as though the eye were being pulled back into the head by cords." For this symptom *paris quad.* was given, which promptly cured not only this symptom, but the paralytic condition as well. In the remarks which follow attention is called to the use of this remedy in "muscular asthenopia," that *bete noir* of the oculist.—Dr. H. C. French, *Jour. of Ophthalm., Otol., and Laryng.*, April.

CHININUM SULPHURICUM IN CHRONIC HEADACHE.—Benjamin Boothroyd reports, in the *March Homœopathic World*, the cure of an extremely long-lasting headache, that came on every morning, with *chininum sulphuricum 2x* trituration. The key-note was "periodicity."

FERRUM PICRICUM IN VASCULAR DEAFNESS, WITH LARYNGEAL CATARRH.—Dr. Robert T. Cooper treated a light-haired man of forty-nine years, suffering from catarrhal laryngeal symptoms which had been going on fifteen years or more. The symptoms were: Much phlegm in throat in morning after waking; throat relaxed, voice falls off after speaking in public; lately hearing was affected; much cracking in the ears; watch-hearing good. *Ferrum picricum 3x* caused the throat and ear symptoms to gradually disappear.—*Homœopathic World*, April.

ALLIUM CEPA IN INFLUENZA.—Dr. A. R. McMichael cured a lady who had taken cold and suffered from an acrid discharge from the eyes and nose, with burning and rawness in the chest, and sore lips and eyes, with *allium cepa 2*, after other remedies failed.—*North American Journal of Homœopathy*, May.

IODIDE OF ARSENIC IN ASTHMA.—Dr. St. Clair Smith reports three cases of asthma in whom rapid relief occurred after the administration of the *iodide of arsenic 2x* and *3x*.—*N. A. Journal of Homœopathy*, April.

FERRUM PHOSPHORICUM IN HÆMOPTYSIS.—Dr. C. M. Boger says that in a female patient, aged twenty-seven, who had attacks of hæmorrhage from the lungs at the time of the menses, at first, and subsequently, almost weekly, with marked anæmia and many gastric symptoms, was rapidly relieved, and has completely regained health, menstrual and otherwise, by *ferrum phosphoricum 1x*.—*Medical Advance*, May.

A CAUSTICUM CASE.—By the use of *causticum 3x*, Dr. Thomas G. Roberts cured a great complex of symptoms after allopathic measures and many apparently indicated homœopathic remedies had failed. The chief interest of the case centres in the fact that an exceedingly profuse expectoration (a symptom not characteristic of *causticum*) disappeared also under the remedy.—*Northwestern Journal of Homœopathy*, May.

BROMINE IN COUGH.—Dr. W. T. Laird says: "I have been able to verify Dr. Allen's symptom of bromine—cough worse in a warm room. I am subject to attacks of bronchial catarrh, which are peculiarly intractable. As a rule they last from one to three months, unless sooner relieved by change of climate. Last month I had another, with the following symptoms: Cough violent, spasmodic, hoarse,

tight, and croupal in the morning after rising, changing in a few hours to a hoarse, rattling cough, with scanty greenish-yellow expectoration, and again becoming tight and croupal in the evening; little or no cough during the night. Each paroxysm was attended with stitching pains in the head, back, or umbilical region, and ended in gagging, sneezing, lachrymation, and profuse greenish-yellowish discharge from the nose, and especially from the left nostril; feeling as if a foreign body with rough edges were lodged in the larynx and upper part of trachea; tightness at bifurcation of the trachea and in the left bronchus; slight râles during inspiration, and marked wheezing on forced expiration. As soon as the temperature of the room rose above 70° there was an intolerable tingling and smarting in the larynx, causing constant cough. After reading the case in "Therapeutic Notes," I took bromine 10, which entirely cured the cough in the course of five days.—"Therapeutic Notes," *North American Journal of Homœopathy*, May.

PHOSPHORUS IN CHRONIC INDIGESTION.—Dr. Allen reported the case of a man who for several years had taken daily $\frac{1}{10}$ grain of arsenic for persistent attacks of vomiting of food. The tongue became thick, white and sodden, showing the imprints of the teeth upon the edges. He became sleepless and complained of burning in the stomach. Last summer he was so bad he could only take a little milk and water at a time for several weeks; even a small chop would cause a sensation as though the abdomen was divided from the chest by a partition (he said it was not like the sensation of a tight girdle or band). *Phosphorus* 7th relieved at once the burning sensation in the stomach and the sensation of division in the body. The remedy was continued, and the man is now sleeping well and digesting ordinary food.—*N. A. Journal of Homœopathy*, March.

LYCOPODIUM IN HYPOCHONDRIASIS.—Dr. Edward Blake, in the *Monthly Homœopathic Review* for May, relates the following case: "Mrs. A., aged 40, is pale, slender, and anæmic. Lives in a healthy house on the southern slope of Hampstead. Has a kind and devoted husband, is in easy circumstances, and has no cause for mental solicitude on any score. Has latterly "taken up with spiritualism." She has had, she assures me, distinct and unmistakable communications with the unseen world. Now it is unnecessary to say that no good can be done to this class of patients unless we secure the fullest confidence by placing ourselves *en rapport* with the temporary mental attitude of the unhappy sufferers.

"Alas! we know too well that even then our hands may be tied—hopelessly tied. *More consuetudine mea*. I went over this lady's various organs one by one and inch by inch. No disease. Nothing but free lithic acid in the urine, defective skin action, and shallow breathing.

"I attended to these latter, and regarding the lithiasis and viewing the case as one of gouty hypochondriasis, I prescribed *lycopodium clavatum* 4 with the happiest results. The mental cloud passed away. Four years have elapsed, and this lady has never since had any intercourse with the spirits of the departed. *Lycopodium* has 'despair of salvation,' besides other most interesting moral symptoms."

SEPIA IN DIARRHŒA.—In a case of diarrhœa, with a number of sepia symptoms, in which a feeling as of a weight in the anus during stool and for an hour after stool, was very prominent, Dr. J. H. Clarke rapidly cured the case with *sepia*.—*Homœopathic World*, May.

VERATRUM ALBUM IN MORNING DIARRHŒA WITH DESPAIR.—"Mrs. B. has for some years suffered from morning diarrhœa and despair of salvation. Born of pious parents in the States, this lady had in early life implanted in her a firm belief in a material hell—dark, hopeless, sulphurous, fuliginous, the abode of despair. Under *veratrum album* we have "religious alienation," excessive anguish and inquietude, with apprehension and troubled conscience in the morning, often, also, when getting out of bed. The diarrhœa tendencies we all know. This remedy in the 1st dilution cured up everything in a few weeks."—Dr. Edward Blake, *Monthly Homœopathic Review*, May.

NATRUM SULPHURICUM IN CHRONIC DIARRHŒA.—Dr. T. F. Allen cured a case of chronic diarrhœa, in an old lady, with *natrum sulphuricum* 7th, given on account of the morning aggravation when beginning to move. *Bryonia* had failed.—*N. A. Journal of Homœopathy*, April.

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ON THE PHYSIOLOGICAL ACTION AND THERAPEUTIC USES OF
MERCURY AND ITS SALTS.

BY ALFRED C. POPE, M.D.

LECTURE II.

I NOW proceed to examine the changes mercury produces in the abdominal viscera, and, first of all, those it occasions in the stomach.

On the mucous membrane of this viscus, mercury acts as an irritant; the degree of irritation it excites varying from that characterizing a simple dyspepsia, as seen in the effects of *m. solubilis*, to one resembling the severest forms of gastritis, as witnessed in the havoc wrought in the stomach by *m. corrosivus*.

The milder mercurials produce a creamy-white tongue, a sweet, mawkish taste, a defective or totally absent appetite, with an especial aversion to butter, animal food and alcohol. A meal, however scanty, is followed by nausea, heartburn and eructations of a bitter taste and offensive odor; there is a sense of weight, fulness and burning in the epigastrium; rumbling, gurgling and griping pain in the abdomen, with flatulence and diarrhœa. These symptoms point to an almost complete suspension of the function of digestion and to a decomposition of the food taken. This, consequently, becomes a source of irritation instead of nourishment. It is almost impossible to separate these symptoms from those which, as we shall see presently, indicate a similar suspension of the bile-secreting function of the liver. Hence, when a dyspepsia is met with which indicates the need of mercury, the hepatic function is almost invariably found to be at fault, and we have, together with the symptoms I have already detailed, a jaundiced or so-called bilious complexion. .

The *m. corrosivus* acts much more powerfully than the *m. solubilis*. Under its influence the tongue is swollen and covered with a thick, dirty-white fur anteriorly and yellow posteriorly; taste is bitter, astringent and metallic; thirst excessive; deglutition difficult; the swallowing even of liquids is painful and attended with spasm of the glottis, retching and vomiting; great heat and a sense of burning pervade the mouth and extend down the œsophagus to the stomach, which is swollen and painful. The pain, which soon becomes intense, is usually referred to the pit of the stomach, where it is felt as burning and griping, and is greatly aggravated by pressure. At the same time, vomiting becomes incessant, the effort to vomit greatly increasing the pain; the *ejecta* are frothy, greenish, yellow and bitter, and, after some time, blood and mucus appear among them. As illustrating the degree of inflammation produced by this substance, I would refer to a case of poisoning by it reported in *The Medical Gazette* for 1829, when pieces of membrane are said to have appeared in the vomit on the fourth day. A similar case was described in a Russian medical journal in 1851. Great pain and prostration attend the vomiting of the blood, which sometimes appears bright and clear, at others is described as coffee-grounds vomiting.

Such symptoms as these are like those of gastritis, a disease which rarely occurs idiopathically. They also point to corrosive sublimiate in some cases of ulceration of the stomach; cases where the membrane surrounding the erosion or ulcer has become inflamed, where the pain is much increased in degree, and is intensely burning in character. Further, when hæmorrhage has resulted from such inflammation, and the blood is of a bright arterial color, corrosive sublimiate will be the most useful medicine that can be prescribed.

Irritation of a similar type—comparatively mild when following *m. solubilis* and especially severe after *m. corrosivus*—pervades the intestinal mucous membrane. Abdominal distension, flatulence, griping and colic-like pains, increasing in acuteness in the lower part of the descending colon, with burning in the anus, followed by diarrhœa of greenish, slimy, acrid stools, or such as are soft and brownish in color, or whitish and gray, or bilious and frothy, and in some instances streaked with blood, together with a frequent and painful urging to stool, represent the chief effects of *m. solubilis* here. Hence, in ordinary catarrhal diarrhœa, in a diarrhœa set up by some disturbance in the hepatic function, and especially in that very common form of diarrhœa in children which is the result of over-eating or of indulgence in some indigestible luxury, *m. solubilis*

has, since the early days of Hahnemann, been generally resorted to by homœopathists. Dr. Sidney Ringer gives the following very graphic description of the hepatic disturbances to which mercury is homœopathic in his *Handbook of Therapeutics*, 10th ed., p. 268.

“A patient, generally of nervous temperament, on exposure to cold, or after fatigue or excitement, or even without discoverable cause, feels sick, perhaps vomits, has a coated tongue, and in a few hours becomes jaundiced, the discoloration sometimes affecting only the conjunctiva, in other cases dyeing the skin of the whole body yellow. The stools are pale or colorless. The attack lasts three or four days and is accompanied by great depression. The patient may undergo many attacks, so frequently, indeed, that before the discoloration of one attack has passed away, another has begun to assail him. Here, one-sixth or one-third of a grain of gray powder, taken at the very onset and repeated three or four times a day, allays the sickness, cuts short the illness, increases the intervals between the attacks and, after a time, cures the patient, though he may have suffered from them for several years.”

Small as the dose is here, inadequate as it is for any but a homœopathically indicated remedy, it is needlessly large. Cures of a precisely similar kind have resulted in such cases thousands of times from *m. solubilis* given in the 3d, 6th and 12th dilution. The third centesimal trituration is that which I have commonly employed in grain or two-grain doses, and any advantage that has been attributed to a smaller dose seems to me to be problematical.

The action of corrosive sublimate is, as I have said, much more powerful and gives rise to changes of a far more serious character. The following group of symptoms occurred in the course of some experiments by Dr. Förstner, when assisting Dr. Buchner, who made a fairly full proving of this drug in 1849. Dr. Förstner dissolved one-fiftieth of a grain of the salt in one hundred and ten drops of alcohol, of which he took from two to twenty drops daily for ten days. On the eighth day of his experiments, after taking twenty drops of the solution, he records the following results:

“A peculiar bruised sensation in the abdomen, especially in the cæcal region and following the course of the transverse colon; the cæcal region to the transverse colon were painful to moderate pressure, as though they had been bruised; the walls of the abdomen, however, were not painful; this pain lasted all the forenoon, was less acute in the evening, but did not entirely disappear; bruised sensation in the cæcal and mesocolic regions; the painfulness was increased by moderate pressure.” He also notices “a frequent desire for stool with increased emission of flatus.” (From Allen's *Encyclopædia of Pure Materia Medica*.)

Here we have the initiatory symptoms of that severe enteritis to which, in large doses, corrosive sublimate gives rise. The records of numerous cases of poisoning show that, when taken in reckless quantities, after severe burning in the mouth, pharynx and stomach,

with painful vomiting, the abdomen is the seat of violent, twisting and burning pain, is very sensitive to pressure, and that liquid evacuations, commonly preceded by burning and tenesmus, take place frequently, while in all instances intense prostration is present throughout.

Post-mortem examinations of such cases reveal the mucous membrane of the small intestines as being either throughout its extent or in patches covered with bloody mucus. In some parts it is injected red, in others erosions or ulcerations are seen; the rectum is deeply reddened, and in some instances the peritoneum is inflamed.

Here, then, we have an accurate picture of acute enteritis and of dysentery. To these disorders *m. corrosivus* is therefore homœopathic in their severer forms—to some cases of both *colocynth*, *aloes* and *arsenic* are more distinctly homœopathic than mercury—and consequently the most reliable medicines that can be used in their treatment.

Some forty or so years ago, Dr. George Balfour, of Edinburgh, visited Vienna and there attended Dr. Fleischmann's *clinique* at the Gumpendorf Hospital. On his return he published an account of his observations, and among them is the following case of dysentery, the progress of which he watched at the hospital:

A. S., a woman æt. forty-five, admitted July 14th, stated that for eight days she had been affected with bowel complaint, having had thirty stools in the course of each day. Each stool consisted of watery mucus mixed with blood, and was accompanied by straining and griping. She has headache, feverishness and sweats much, sleeping little; the pulse is full and accelerated, the tongue coated and moist. Prescribed *corrosive sublimate*, 3d dil. every hour. On the following day she is reported to have had only one stool since admission, and that one without blood, free from pain and natural. Slight pain in the abdomen on pressure. Her bowels were not again opened until the day before her dismissal, when she had a natural stool. The pain in the abdomen had disappeared entirely.

This patient, it will be observed, had been for eight days in the state described and passing thirty stools a day; but, from the time of taking the first dose of $\frac{1}{1000000}$ th part of a grain of mercury the disease was arrested and she went on to a quick and complete recovery, without the smallest drawback or accessory medicinal symptoms. As Dr. Drysdale, when quoting this case in the *British Journal of Homœopathy*, says: "This must either be the perfection of medical art, or a most extraordinary coincidence."

In advanced life, few acute disorders, when occurring in a severe form, have proved more frequently fatal than dysentery. When the specific remedy, however, is prescribed, such a result is far less com-

mon. Take, for example, the following case reported by Dr. Carfrae. (*Brit. Jl. Hom.*, vol. xxv., p. 507):

Mrs. T., æt. 79; Nov. 26th, 1859. Four days ago, the patient states that she was seized with purging, the stool consisting of pure blood, which has continued until now. She has great pain in the abdomen, and constant desire to stool; pulse 120; tongue coated, but not very badly; thirst considerable. *Aconite* was given.

27th. No better. I examined one of the evacuations; it was small in quantity and consisted of shreds of mucus (like chopped up bits of boiled white of egg) mixed with blood; pulse still 120; altogether she seems worse. I gave *m. sub. corr.* 3 every four hours.

28th. Since last evening at six o'clock has had no evacuations from the bowels; pulse, 90. Has taken some arrowroot.

30th. Yesterday and to-day has had a natural stool each day; no blood; no tenesmus; pulse normal; skin cool; takes nourishment well.

Referring to dysentery, Dr. Sidney Ringer writes: "A hundredth part of a grain of the bichloride given hourly or every two hours, according to the severity of the case, is generally sufficient, rarely failing to free the stool of blood and slime, although in some cases a diarrhœa of a different character may continue for a short time longer, requiring, perhaps, other treatment to control it." This *sequela* rarely, if ever, occurs when the third decimal or third centesimal dilution has been used. Dr. Ringer's dose, small as it may appear to some physicians, is still needlessly, if not somewhat injuriously, large.

This purely homœopathic indication—the use of corrosive sublimate in dysentery—is one of the now rapidly increasing bits of therapeutics derived entirely from the practical application of the rule or principle of similars—a rule or principle which many of those who daily employ these bits of therapeutics profess to regard as absurd and so on, while the men who pointed out the indications are by these very persons not unfrequently stigmatized as unworthy of professional association!

The study of the action of mercury on the liver has, of late years, been rendered additionally interesting by the experiments of the late Professor Hughes Bennett, Dr. Rutherford and others. Before drawing attention to them, I will review the extent of our knowledge of the pathogenetic properties of the drug in this direction.

The indications of liver disturbance are not numerous either in provings or in poisonings, though *post-mortem* considerable alterations have been observed in it. Together with a pale, yellow, sallow complexion, we find the worker in mercury to complain of twitching pain in the right hypochondrium, subacute aching over the hepatic region; while chronic hepatitis is one of the acknowledged conse-

quences of exposure to mercurial fumes. *M. solubilis* occasions a jaundiced skin with stitches in the hepatic region, which are increased on taking a deep inspiration. In poisoning by *m. corrosivus*, a general yellowness of the skin has been noticed, as well as stitches in the hepatic region. The iodide appears to excite more acute pain than either of the other preparations.

Hermann (quoted by Huber), who visited the mines of Idria, and made a thorough examination into the health of the miners and residents of the district, found that intumescence of the liver with hyperæmia of carbonized blood, was very common, both among those who worked and those residing in the neighborhood of but not employed in the mines; while more or less hepatic disease existed among all the residents in the district.

Post-mortem examination of cases of chronic mercurialism shows in many a thoroughly congested liver. It looks hyperæmic and dark. In one case (Huber) "dark, foamy blood flowed from both large and small vessels at the cut surface of the liver." Further, mercury, in its metallic form, has been repeatedly found in the structure of the liver. In *The Medical Times* (July 11th, 1857), Mr. Robert Burton, a student of chemistry at the University of Erlangen, published a paper giving several striking illustrations of this interesting and important fact. In one case, Dr. von Gorrop Besanez, at that time Professor of Chemistry in Erlangen, "found distinct traces of quicksilver in the liver of a woman, who had for sixteen years worked in a mirror factory, and was then attacked with symptoms of hydrargyrosis of which she died. Although, during the whole year previous to her death this woman was entirely removed from the mercurial influence, nevertheless the metal was demonstrated with certainty in the liver after death, thus experimentally proving that, corresponding to the remarkable avidity which the liver shows for mercury, there exists as remarkable a localization of the metal in the tissues of that organ—in other words, that the liver, with a *maximum* of absorbent power, seems to possess only a *minimum* of excrement power in regard to mercury."

These facts render the power of mercury to increase the amount of blood in the vessels of the liver, and by the pressure thus excited, if in no more direct manner, to diminish the secretion of bile, beyond dispute.

The use of mercury as a cholagogue, as a means of increasing a defective secretion of bile, has been general for some centuries. Hence, it has been supposed that its physiological action is that of a

bile stimulant. This conclusion is analogous to that arrived at by Handfield Jones, Fuller, Winogradoff, Brunton and Foster regarding *digitalis*. These observers, because in practice, in the treatment of disease, it has been found that *digitalis* strengthens a weak heart, describe its physiological action as that of a cardiac tonic. But, as the late Dr. Black wrote, "This is assuming, not demonstrating the physiological action, for many experiments prove that it is not so."

To return to mercury. Some years ago—in 1861—Dr. Thudichum and Dr. Inman showed, from various experiments, that the idea of mercury having the power to increase the secretion of bile was altogether erroneous. A few years later—1868—the late Dr. Hughes Bennett reported to the British Medical Association a series of experiments on dogs, and a body of conclusions drawn from them, which fully confirmed the doubts that had been cast on the time-honoured faith in the power of mercury to increase the secretion of bile in a sluggish liver. The chief of these conclusions was thus stated:

"That blue pill, calomel and corrosive sublimate when given to dogs in either small, gradually augmented, or in large doses, do not increase biliary secretion; they do not even influence it, so long as neither purgation nor impairment of health are produced, but they diminish it as soon as they produce either or both. We do not deny the possibility of mercury being useful in some diseases of the liver. We simply say, that the notion of its doing good by increasing the biliary secretion is untenable."

By a fresh series of experiments, Röhrig and Rutherford have shown that calomel does not increase the secretion of bile, and that, in purgative doses, it may even diminish it; but that the bichloride of mercury does increase it. Before accepting this as a sound conclusion, it must be remembered that Dr. Bennett experimented on animals in average health, and regularly supplied with food; Rutherford and Röhrig made their experiments on fasting dogs, and these were further, and I think altogether, vitiated by their paralyzing their subjects with *curare*. If the animals were fasting, their biliary secretion was already diminished by abstinence from food; while the action of *curare*, by paralyzing the vaso-motor nerves, completely changed the physiological condition of the liver. Hence, no importance can be attached to the researches of Röhrig and Rutherford; and, consequently, those of Bennett are unimpeached, so far as they go.

Mercury, then, it must be admitted, impairs the bile-secreting function of the hitherto healthy liver. As may easily be supposed, their first announcement of this fact created no small stir among

those who had all their lives been prescribing mercury when the secretion of bile was diminished, under the impression that, physiologically, mercury stimulated its secretion. Dr. W. B. Richardson, in the discussion which followed the reading of Dr. Bennett's paper, while accepting its facts and acknowledging it as a model of scientific work, argued that, after all, mercury did exert a beneficial effect, and that experience confirmed its value. True, but how is this experience to be reconciled (1st) with the facts brought out by these experiments, and (2d) with the assumption that homœopathy is worthless, untrue, etc. Either on the one hand, Professor Bennett's experiments were incorrect observations, or the experience to which Dr. Richardson appeals was fallacious, or, on the other, homœopathy is true—at any rate, so far as the prescription of mercury to remedy a sluggish liver is concerned. Dr. Sidney Ringer (*op. cit.*, p. 268) writes: "The experience of generations strongly supports the general conviction that, in some diseases calomel, as well as other preparations of mercury, does increase the bile. Moreover, it is not difficult to conceive, that in a given disease, mercury may set aside some conditions hindering the formation of bile, and thus act as a cholagogue, though possibly, in health, it may check this secretion." Certainly such a state of things is not "difficult to conceive," though it might endanger the position of a University Professor of Materia Medica were he in plain terms to set forth the conception which explains or accounts for the apparent paradox! The following extract from some comments on this matter by the editors of *The British Journal of Homœopathy*, puts the argument with remarkable conciseness:

"If it be true that mercury, in nine cases out of ten, diminishes the quantity of bile secreted, it does not cease on that account to be an hepatic specific. On the contrary, its so acting on the biliary secretion is a proof that it is an hepatic specific, valuable in precisely those cases where the secretion of bile is diminished. It is no doubt on account of the observation of this remedial action that the reputation of mercury as an hepatic specific has been established. M. Jourdain long spoke prose without knowing it, and the old school have long been practising homœopathy in an equally unconscious fashion." (Vol. xix., 161.)

Hence, in conditions where the secretion of bile is diminished, in congestion of the liver, in simple catarrhal jaundice—jaundice uncomplicated with and independent of organic disease—mercury is homœopathically indicated; and, as experience has abundantly proved, is a most efficient remedy. In some instances of enlarged liver, the iodides of mercury, especially the biniodide, appears to be more useful than most other preparations of it.

The kidney in mercurialism becomes congested and inflamed. The corrosive sublimate and the cyanide are the preparations which influence it most powerfully. When studying the effects of this drug upon the kidney, we must remember and associate with them the cachectic, anæmic appearance characteristic of mercurial poisoning; it is ever present when the kidney is mercurially injured or its functions are interfered with.

In poisoning from the vapor of metallic mercury, the urine becomes scanty, dark yellow in color and albuminous in quality. *Post-mortem*, the kidneys are found large and congested in some cases, in others they have been atrophied and slightly granulated.

When the bichloride has been taken, we find the urine, at first scanty, to be ultimately suppressed. In a case of poisoning reported in Fothergill's Journal, 1819, and quoted by Allen (*op. cit.*), the following was the condition in this respect: "No discharge of urine for twenty-four hours; the catheter was passed with difficulty, on account of the inflammation and swelling of the urethra and bladder; only a few drops of urine were discharged; on the third day there was no urine found in the bladder; the same on the fourth day; soon after which the patient died." It is albuminous in almost all cases. In one quoted by Huber from Ollivier, the urine after the second day contained "albumen, at first four per cent., then gradually diminishing to a trace on the sixth day, with a great quantity of granular, oily pellicles, on the surface of which was found renal epithelium in a condition of fatty degeneration, also hyaline, partly fatty pellicles and numerous free epithelial cells exhibiting the beginnings of fatty degeneration. No blood-corpuscles." *Post-mortem* the kidneys are found enlarged and congested. Many red points have been observed in the cortical substance and deposits of pus seen in the renal pelves.

The cyanide is equally active. In one case, where two grains had been taken in beer (Virchow's *Archives*, 1864), there was complete suppression of urine for five days, the bladder being empty throughout, the secretion of urine then gradually recommenced and contained albumen in considerable quantity, which slowly diminished, and in a fortnight had disappeared.

In acute renal inflammation we have therefore a powerful remedy in corrosive sublimate, and also in the cyanide of mercury.

The late Professor Henderson, when writing on Bright's disease in *The British Journal of Homœopathy*, says of mercury:

"There is good reason to think that it may be serviceable in some cases peculiar either from the nature of the morbid state or from the stage which the disease may have reached. It is long," he adds, "since Dr. Wells remarked that coagulable urine sometimes followed the administration of mercury; and the older writers, who had opportunities of witnessing the pathogenetic effects of mercury more frequently than their successors have,—in consequence of the more general abuse of the drug in former times, than is now happily, the case—mention various particulars from among them, which appear to show that mercury has the power to produce a disease very like some forms of Bright's disease. The vomiting, cachectic look and anasarca, noticed by them as consequences of repeated and prolonged courses of mercury, taken in connection with such appearances in the kidney as have been noticed by Dr. Blackall, when death happened to occur in persons who had been subjected to the slow poisoning in question, concur in rendering it highly probable that among the effects of mercury diseased kidneys should be reckoned. Of one case of the kind Dr. Blackall remarks that "the kidneys were usually firm, the left containing one hydatid, the right two,—conditions which are common in advanced cases of Bright's disease. Of another," he says, "that the kidneys were remarkably loaded with blood, as if injected."

Dr. Kidd, when comparing the indications for mercury in Bright's disease with those of *cantharis*, *terebinth.*, and *arsenic*, says, that it is "only useful in the acute or early stages of albuminuria, especially when caused by the abuse of alcoholic fluids, by cold, or by obstructed portal circulation. It is especially useful when the disease is accompanied with effusion of fibrine, or fat globules in the urine, as well as when profuse secretion of pale, albuminous urine occurs." (*Brit. Jl. Hom.*, 1855, p. 566.) In acute nephritis, in tubal nephritis or large white or fatty kidney, and also in suppurative nephritis, *m. corrosivus* will frequently be found valuable. Called upon to define its relation to other medicines indicated in acute desquamative nephritis, I should place it between *terebinth.* and *cantharis* on the one hand and *arsenic* on the other.

As an irritant of the skin the action of mercury is well marked, both when applied directly and when taken internally. Fully to discuss and illustrate the alteration in the health and structure of the skin, which mercury produces, would occupy an entire lecture, and I shall therefore restrict myself to as brief an outline of its influence as is compatible with pointing out the disorders in which its pathogenetic action shows that it is a remedy.

Eczema mercuriale is a recognized form of disease, and in years gone by when nearly every illness seemed to the *mens medica* of the period to require mercury for its relief, was frequently met with.

In 1810 Dr. Alley published a work entitled *Observations on Hydrargyria*, of which he described three forms, the *mitis*, *febrilis* and *maligna*. An erythema first appears which presently displays a papular surface, the papules develop into vesicles, and these ul-

timately become pustular. At the same time, the skin is hot, smarting and itching. The eruption is most prominent on the trunk of the body, the back of the hands, the face and the pudenda. This may occur without any febrile symptoms; when, however, such are present, it is more severe, and if the mercury has been severely pushed its site is swollen and livid.

Such an eruption may proceed to ulceration. The mercurial sores vary in shape, assuming different forms as they spread. Their edges are ragged, loose and undermined. "The surface of the mercurial ulcer may present every variety of shape and appearance, sloughing at one point, deeply excavated and rapidly disintegrating at another, having exuberant granulations at a third, and exhibiting a tendency to heal at a fourth. But the most striking characteristic of the mercurial ulcer is its tendency to spread and the manner in which it enlarges itself; it generally spreads quickly, and there seems to be no limit to the size it may possibly attain." (Dr. Porter, *Am. Jl. Med. Science*, 1847, p. 215.) Keller regards it as settled that serpiginous ulcers, which have been looked upon as syphilitic, "are nothing but the result of the mercurial cachexia" (*Wien Med. Wochenschrift*, 1859).

Hence, mercury is a remedy in some cases of erythema, in eczema rubrum, and especially is it so in pustular diseases—the impetiginodes. In cases of eczema palmaris, which have much pustulation, I have seen great advantage derived from using mercury locally. Four grains of the *unguentum hydrargyri nitratis* added to one ounce of vasiline forms an ointment which, when applied two or three times a day, is very efficient.

In some of the acute exanthemata, mercury is frequently indicated. These, though not skin diseases, may be conveniently considered here. It is especially demanded in variola. The type of the fever, as well as the eruption, are alone sufficient to suggest it. In practice it has proved distinctly serviceable. During the latter half of 1862, and the early months of 1863, smallpox was very prevalent in York, where I was then residing. From a study of the cases which came under my care, I concluded that mercury is "most clearly indicated, as well as most useful, in those cases where the eruption is extensive and when the mucous surface of the mouth and throat are specially involved—where the circulation is highly charged with the malignant virus." In scarlatina and measles the condition of the throat and glands often requires mercury.

The ulcers in which mercury is indicated are the inflammatory

after the acute symptoms have subsided and when suppuration has become free; and in such as occur in strumous and syphilitic subjects.

That corrosive sublimate is a powerful antiseptic is now both recognized and acted upon. In referring, very briefly, to this form of its therapeutic usefulness, it is interesting and instructive to note that Hahnemann, more than a century ago, several years, indeed, before he had begun that research which culminated in his demonstration that the rule *similia similibus curentur* is the scientific basis of drug selection in prescribing, had recognized the antiseptic property of corrosive sublimate, so commonly supposed to be a discovery of our own time. In the first original essay he ever published (Leipsic, 1784), he says :

"The solution of corrosive sublimate has been of inestimable service to me in cleansing old foul ulcers. But, in addition to its stimulating and corrosive power, its antiseptic and drying properties must also be taken into consideration in estimating its effects.

"The property of this solution that has in my experience stood most in the way of the improvement of old ulcers is that last mentioned, its drying property, but I have generally been able to avoid this by using a very weak solution and keeping the sore always moistened with it. Twenty grains dissolved in one pound of water was always strong enough to commence with; I only increased its strength by degrees, but never employed it so strong as to cause more than a slight smarting in the sore."

Hahnemann's subsequent researches have shown us that arsenic administered internally will have an influence over the healing of an ulcer of this type as sanitary as the local application of a solution of corrosive sublimate. At this time, too, as another passage in the same work shows, he found that he could not do without arsenic "in very large foul ulcers, some parts of which rapidly mortify and slough around."

As an antiseptic, corrosive sublimate has been, and still is, largely used, and that moreover in a proportion that, but a very few years ago, would have been laughed to scorn! Experience, especially in Germany, has however shown that to employ more than one part of corrosive sublimate to five thousand of water is not without danger, at any rate in obstetric practice. Results of the most serious and, in not a few instances, fatal character have arisen when the proportion of mercury to the water has been 1 to 1000, 1 to 2000 and 1 to 3000. The 1 to 5000 contains two drops of the third centesimal dilution.

We have now to study the effects produced by mercury on the muscles, bones and joints. Pains traceable to each are well marked

and of frequent occurrence. In Buchner's experiments with small doses of *m. corrosivus*, stitch-like pains were felt in different muscles; tearing down to the bone in those of the arms, especially at night; a peculiar relaxed sensation in the deltoids; pains in the muscles of the hands and feet; stitches in the muscles of the thigh and calf.

Mercurial vapor, in some instances, gives rise to tearing pains in the extremities. In the proving of *m. solubilis*, burning, bruised, stiff, cramp-like pains are noted as being felt in the gluteal region and down the thighs, while they were particularly severe at night; at the same time the knee and ankle joints were swollen and tender.

Take these symptoms in connection with the mercurial fever, the profuse and sour-smelling perspiration at night, and we find in *m. solubilis*, more particularly when the tongue, digestion, and a degree of mental depression suggest that the biliary function is materially interfered with, a useful medicine in many cases of rheumatic fever.

More striking than its interference with muscular health is the destructive power of mercury upon bone. Keller (*op. cit.*) describes as among its effects upon the health of workers with it, "swelling of the bones, most frequently of the tibia, more rarely of the upper arm and head. These tophi with swelling and sensitiveness of the periosteum, cause severe pains to the laborer at night and in bed, during damp weather, thunder storms, and at the first fall of snow." "At Idria," he elsewhere remarks, "we meet with all syphilitic bone diseases in persons who never had syphilis." Dr. Gobey, who practiced among the Idrian miners for 18 years, says, in his work on the action of mercury, that the characteristic night pains, the periostitis and endostitis show themselves thus: at sunset the pains begin and increase in intensity up to midnight, then gradually decrease in severity towards morning; only rarely is the pain felt during the daytime. It is chiefly boring and gnawing in character. Where chronic periostitis is present, we find a more or less firm, often elastic, swelling, firmly adhering to the bones of various size, mostly longitudinal and sharply limited.

Caries, also, is a product of mercurialism. The drug especially attacks the nasal and palatine bones of the forehead, the cranium tendons, bones, and finally the joints.

In periostitis and caries, then, mercury is homœopathic. But before prescribing it we must make ourselves perfectly sure that mercury is not the cause of the osseous inflammation or decay. When periostitis is idiopathic, when simply the *locus* of some rheumatic malaria, where (which is rarely the case if mercury has not

been prescribed) it is a development of syphilis, the iodide of mercury will be found exceedingly useful, especially in controlling the wearisome nocturnal pains.

In inflammation of the cartilages of joints, mercury has proved of great service. Of this, the following case recorded by the late Dr. Newton (*Hom. Review*, vol. xiv., p. 543) is a good illustration :

A. B., a farm laborer in the fens of Cambridgeshire, aged 28, came to me (June 5) complaining of rheumatism in the wrist. The pain was much worse at night, was aggravated by the least motion of the joint and extended to the elbow. The forearm was oedematous and hot. The fingers looked long and tapered to a point. The wrist was swollen, hot and slightly red. On manipulating the joint the man complained bitterly of the pain and I could detect an obscure crepitation. He attributed the attack to cold and damp to which he had been exposed ten days ago. He had, however, had pain in the joint at times for some weeks. The actual cautery was at once suggested to my mind as the one remedy, but A. B. refused to have it used. I put the hand and forearm on a splint and gave him *merc. corrosivus* 3x, gr. i., to be taken in water every second hour.

6th. A. B. had had a little sleep for which he was grateful, as he said he had not slept a wink before for ten days.—*Rept. Med.*

7th. There is decidedly an improvement in the condition of the wrist. He is to take the medicine once in three hours.

10th. A. B. came in great glee to show his wrists and said: "Those sugar powders give the lie to all the old women and doctors who say there is no cure for rheumatiz except 6 weeks." I removed the splint at his urgent request and applied an elastic bandage over the joint, continuing the medicine three times a day.

14th. All pain and tenderness had gone and I could detect nothing abnormal in the joint. It was not increased in size, firm pressure did not elicit any token of pain, and my patient told me that he was going to field work next day.

I well remember the fact—though the details, I regret, are lost—of the rapid recovery of two or three well-marked cases of cartilage ulceration, making a great impression upon my mind, when at the Manchester Homœopathic Hospital in 1852. In these cases the iodide of mercury was given.

Upon the bladder, urethra and testicles the action of mercury is somewhat less conspicuously manifested in cases of poisoning and in provings than might have been expected. In the silvering trades the only mention of its influence on the sexual functions that I have met with is one by Dr. Gueneau de Mussy (*Gaz. des Hopitaux*, 1868). In this instance two years' occupation in this trade was followed by loss of all sexual power.

Provings of corrosive sublimate have elicited symptoms showing considerable urethral irritation, such as burning and sticking pains in the course of the urethra. In Dr. Buchner's proving upon himself he describes an urging to urinate felt in the urethra, with scanty emission; afterwards no inclination, though the bladder was full,

while after evacuation a sense of distension remained. *Cinnabar*, Hahnemann says, renders "the penis swollen" (*Mat. Med. Pura*, vol. ii., English edition). *M. solubilis* gave rise to "a painless blennorrhœa, especially at night (*op. cit.*)."
M. corrosivus, also, in Hahnemann's proving, excited "a urethral blennorrhœa, at first thin then thick; finally with smarting pain on urinating and stitches through the urethra" (*op. cit.*). Hahnemann also cites a case from Hufeland's *Journal* (xxvi., 4), where the same mercurial produced "inflammation of the orifice of the urethra and urethral blennorrhœa."

Mercury, then, has been proved to give rise to a distinct urethral irritation with purulent discharge; and in so doing corrosive sublimate is the most active of its salts. Hence, it may well be—as it is—relied on in treating the early stage of gonorrhœa. "At this period it is," writes Dr. Yeldham, "one of the best remedies." He adds, "*aconite* and *mercurius corrosivus* will seldom fail to subdue the more violent symptoms." Kafka, Baehr, Attomyr and other German physicians prefer the *m. solubilis* here. In orchitis the *biniodide* is sometimes useful and in balanitis, *cinnabar*.

Sudden and profuse menorrhagia has resulted from exposure to the mercurial vapor; in other cases irregular and too copious menstruation have proceeded from the same cause. Vaginitis proceeding to sloughing has been caused, by *m. corrosivus*, not only when used by syringing for antiseptic purposes, but when taken in by the mouth.

M. solubilis, too, has rendered the vagina raw and sore, and has excited a corrosive purulent leucorrhœa. It also has occasioned menorrhagia. Dr. Dyce Brown, writing of mercury as a uterine medicine, says that it is not so frequently called for as are some others. He divides the cases in which it is needed into the four following classes:

"1. Those cases of endocervicitis where the ulceration is of an unhealthy or sloughy type, and where vaginal catarrh, with thick, yellow leucorrhœa, is present to a marked degree.

"2. Cases that commenced with gonorrhœa, the inflammation having extended to the uterus.

"3. In cases of undoubted syphilitic ulceration, or where we have reason to suspect a syphilitic taint, congenital or otherwise, in the patient.

"4. Where the collateral symptoms are those calling for mercury. These are a tongue thickly covered with a yellow white coat; bitter taste in the mouth; offensive breath; abnormal flow of saliva; loss of appetite; decided congestion of the liver, or a sluggish action of it, as shown by a yellow skin or conjunctiva; uneasiness or dragging in the hepatic region; bowels either costive, or loose with pale or shiny stools; still more, if diarrhœa or offensive motions of the dysenteric type are present; heavy, stupid headache, lassitude, low spirits and tendency to chronic catarrh of the mucous membrane."—(*Trans. Inter. Hom. Med. Convent.*, London, 1881, p. 250.)

It is, in short, when uterine disease exists as a part of the general impairment of health induced by an inactive liver, and in cases originating in syphilis, that mercury is remedial; the best preparation then is the *m. corrosivus*.

Finally, I come to the consideration of mercury as an anti-syphilitic. The similarity between the symptoms produced by mercury as a poison and by syphilis as a disease appear to me to be very striking. Such a similarity has long been recognized, and has often been referred to with some degree of surprise. Dr. Percy Wilde communicated the following interesting note to the *Homœopathic Review* in 1884, showing the early period at which the likeness between mercurialism and syphilis had been observed:

"In the reign of James I.," he writes, "when the then Countess of Somerset contrived the murder of Sir Thomas Overbury, she sent him presents of poisoned food. The poison chiefly employed was the *bichloride of mercury*, which was then known as the *sublimate of mercury*. In *The History of Crime*, chap. vii., p. 147, we read 'the crafty apothecary whom they employed was aware that the preparation would produce symptoms undistinguishable from those of a loathsome disease. It thus appeared possible to disgrace Overbury in the very process of killing him, and to increase his malady under the pretence of endeavoring to alleviate his sufferings.'"

Lanceraux writes as follows:

"Mercurial poisoning, whatever may be the mode of penetration of the chemical agent, sometimes produces symptoms which are not without analogy to those of secondary syphilis; cutaneous eruptions, ulcerations of the mouth, tongue or pharynx, necrosis of the maxillary bones, tremblings and diarrhœa." (*Treat. on Syphilis*, Vol. ii., p. 198.—Syd. Soc. Ed.)

Dr. Gobey, who made a series of researches into the action of mercury among the miners at Idria, says:

"At Idria we meet with all varieties of syphilitic bone disease in persons who have never had syphilis."

Sir James Paget, when giving evidence before the Admiralty Commission, in 1865, said:

"Mercury had in some instances produced bone disease very much like syphilitic disease, in persons who had not had syphilis."—(Dr. C. Drysdale, *On Syphilis*, etc., 4th ed., p. 156.)

On the other hand, Mr. Berkely Hill states, categorically, that "Mercury cannot excite any affection that syphilis evokes." In support of this opinion he quotes Kussmaul, and asserts, that "his examination shows clearly that mercurial poison produces no single affection or symptom that is identical with, or not easily distinguished

from those belonging to syphilis." In the next sentence he states that, according to the same authority, "syphilis in persons exposed to mercury by the practice of their trade, is not altered in its aspect." A few lines further on, in the same chapter, he writes, "Kussmaul could not find an instance of a worker in mercury contracting syphilis while affected by the drug." How Mr. Hill reconciles these last two quotations, I do not pretend to say. As a matter of fact, however, Kussmaul's observations record a number of symptoms arising from exposure to mercurial influence which do, most closely, resemble those due to syphilis.

In the earlier stages of soft chancre or venereal ulcer and of indurated or syphilitic chancre followed by constitutional syphilis, the febrile disturbance closely resembles the mercurial fever. The soft chancre is precisely like that produced by mercury, while the true syphilitic sore is only less like the mercurial ulcer from the fact of its edges being indurated. "Halford mentions that quicksilver produces ulceration on the genitals of workmen handling this metal, and Heyfelder observed mercurial ulcers on the *labia minora* of women in looking-glass factories." (Huber.) Following the indurated chancre, we find enlargement of the glands of the groin; and, on the other hand, the tendency of mercury to irritate and inflame the glandular structures is well known. The inflammation and ulceration of the throat in secondary syphilis exactly correspond to the changes wrought by mercury in that part. The syphilitic eruption also is of the same type as that produced by mercury. Keller, Hermann and Halford observed a mercurial eruption in workers with mercury. In a case of accidental poisoning with corrosive sublimate, where the dose was about three-quarters of a grain, an eruption of pale red, seemingly elevated, round, but not sharply defined, spots, disappearing under the pressure of the finger, occurred; they were itching and confluent in places like roseola, remaining six days and then going off. The evidence of the similarity between the bone diseases produced by mercury and those arising from syphilis is ample and has been already pointed out. Yet more the influence of mercury taken by a pregnant woman upon her foetus is like that of syphilis. Sir Duncan Gibb records (*Lancet*, March 8th, 1873) a case where, to procure abortion when three months pregnant, a woman took two teaspoonfuls and a half of quicksilver. Abortion did not follow, but the child was born with snuffles, "no doubt," as Sir Duncan says, "from the constitutional effects of mercury." Amongst the miners and workers in mercury, children born of mercurialized parents

present, in a very large proportion of instances, features of disease exactly corresponding to those exhibited by the offspring of syphilitic parents.

Thus, in every particular, save in the shape and quality of the initial ulcer, we have in mercury a perfect *simile* of syphilis. For centuries mercury has been given to cure syphilis. But having been prescribed as an evacuant rather than a specific, the relation subsisting between its pathogenetic properties and the pathological state it was given to cure not having been recognized, the consequences have been disastrous in the extreme. Instead of syphilis being cured, mercurialism was induced. The very medicine which, in a small dose would have cured, being given in huge quantities did but aggravate, intensify and perpetuate. Of late years, the doctrine taught by Hahnemann, some years before the grand therapeutic conception, which will be forever associated with his name, had taken root in his mind, the doctrine taught by him in 1784 that salivation was not only unnecessary for the cure of syphilis, but injurious to the patient, has received the stamp of modern authority. Mr. Jonathan Hutchinson, for example, says in one of his lectures, "that ptyalism and other evidences of the physiological action of mercury so far from being beneficial, are, if possible, to be carefully avoided."

How, then, is it to be prescribed? The views expressed by Dr. Yeldham, whose long and large experience in the treatment of this disease render him an authority of considerable weight, entirely coincide with my own. "The dose," he says, "which I commonly employ, and which I have found very effectual, is one or two grains of the first or from five to ten grains of the second decimal trituration of *mercurius solubilis*, repeated three times a day. I sometimes commence with the former and continue it for a week or until amendment sets in, and then replace it by the second dilution. More commonly, I give the latter only and resort to the first chiefly in cases of obstinate indurated chancre." (*Homœopathy in Venereal Diseases*, 4th ed., p. 85.) Referring to the iodides of mercury, Dr. Yeldham says that they "may be advantageously given to scrofulous patients, and in cases where the primary sore and secondary symptoms co-exist. But, on the whole, I conceive the iodides to be best suited to secondary and tertiary syphilis."

The dose in which mercury may be administered, with the maximum of advantage, has been sufficiently noted when considering the various forms of disease in which it is commonly indicated to render

any more precise statement regarding it unnecessary here. Regard, however, must in each instance be had to the degree of susceptibility to its influence presented by the patient, and especially so in cases where its full pathogenetic influence has been previously developed.

Grantham, Lincolnshire,
March 6th, 1889.

THE MANAGEMENT OF THE BREASTS IN NON-NURSING PUERPERÆ.

BY GEORGE B. PECK, M.D., PROVIDENCE, R. I.

(Read before the American Institute of Homœopathy, June, 1889.)

How *best* can the mammæ be cared for when prevented from fulfilling their appropriate function by the death of the infant, or by any contingency effecting a result tantamount thereto, is the problem assigned for my solution upon this occasion. How they *are* treated by our school was incidentally inquired into during my study of Puerperal Annoyances in 1882, and partially reported upon that year, but more fully in the Institute's *Transactions* for 1887, page 422. To ascertain the best known management, however, requires broader observation, for this is in no sense a question of therapeutics. The mother's system is in perfect health; her functions are pursuing their accustomed courses precisely as the Creator intended, when, suddenly, by some accident in no way connected with her, and in no degree affecting her save very indirectly, one of them becomes a superfluity, an annoyance, a source of real danger. Successfully to alter or to remove that function is a delicate question in practical physiology. Any mistake *may* occasion such a disturbance to her system as will necessitate recourse to some department of the healing art; but until that blunder is committed (be it an overt act, a wrong act, or mere neglect), the question is outside of all "pathies," beyond the scope of all medicine, because no pathological condition exists.

Recognizing, then, this question to be purely scientific (conceding for the nonce to that word a most restricted and exclusive signification), I addressed circulars to all maternities of which I had knowledge, and also to eminent obstetricians other than text-book writers, allopathic, eclectic, homœopathic, and Hahnemannian, asking their practice and their suggestions. Sufficient replies, representing each sect, were received to warrant very decided conclusions; but lest the

"regulars," who favored me, should be accused of "aiding and abetting the enemy," I shall forbear citing all authorities.

What is meant by the term best? And best for whom? For the doctor, or for the nurse, or for the patient? And for her, best for temporary comfort or convenience, or for permanent welfare? The uninitiated will promptly assert that what is best for the patient is best for the doctor, but any veteran practitioner can promptly demonstrate the reverse of that statement is generally correct. Still, in this matter the physician has simply to give orders, hence their character is a matter of comparative indifference. For the nurse, what may be termed the mechanical treatment of the *mammæ* is unquestionably the best. This consists in bandaging the glands so tightly that it is absolutely impossible for them to expand. Hence, their natural secretion is literally *sluiced off* in some other direction. Now this plan is highly recommended by "eminent authorities," with assurances that no unpleasant results are experienced if the system is faithfully carried out, and that the milk *may* thus be checked completely in twenty-four hours, and probably *will* be in forty-eight, while seventy-two are required almost never. Wonder not, then, at its popularity in large maternities, and at the enthusiasm nurses thus trained ever exhibit in its behalf. But every one is not so scientific in his attainments, and this question will obtrude itself upon ordinary intelligences: May not, must not, such violent treatment of the most delicate and sensitive portions of woman's organism entail undesirable and even disastrous consequences? The innocuousness of the policy being undemonstrated, that skepticism is excusable which forbears the dissemination of its details. Observe, moreover, that while the welfare of a nurse should ever be regarded, none will have the temerity to claim that her convenience should be the chief element of consideration in a prescription.

In marked contrast to such procedures stands what may justly be termed the natural treatment, rarely pursued, it is true, with primeval simplicity, yet adopted by the major part of the profession with but slight and unessential modifications; successive partial unloadings of the glands repeated as often as the comfort of the puerpera requires. The efficacy of this principle is sufficiently well known to those of us who graduated from a barnyard; its naturalness will be equally clear when one reflects it is the only method of terminating lactation possible to irrational creation. The chief mooted point is the means whereby these partial unloadings shall be accomplished when the normal instrumentality has been destroyed or removed. No breast-

pump that has fallen under my observation meets the requirement, for each applies its entire suction power to a quarter or even half the surface of the gland, while an infant is content to pull at the nipple. Familiar and well-nigh perfect approximations to this process are found in the use of a well-fitting pipe-bowl, or of a suitable sized narrow-necked bottle, recently rinsed in hot water and applied as soon as its heat is tolerable. The choice between these is determined by non-professional considerations. Of course, there is no objection to the substitution of a human mouth if one is available, or to a pup's, if the woman can tolerate its proximity. The drawings should be repeated sufficiently often to prevent all pain. From three or four days to two weeks, according to the fidelity of the attendant, is said to be required by a well-known correspondent who relies exclusively upon this principle.

But are there no drugs by which Dame Nature can be assisted in her work? Two, alike typical of the general systems of treatment already referred to, are quite fashionably resorted to for this purpose, camphor and belladonna. The former is used ordinarily in oleaginous solution, but sometimes in alcoholic. In either case vigilance must be maintained for the first indications of collapse. Should none such be exhibited, however, it is idle to imagine that a drug whose external application in rheumatism is so frequently followed by calamitous results, will permit those women to escape unscathed. The latter drug is employed internally as well as externally, and in a variety of forms: plaster (rarely), ointment, cerate, fluid extract, tincture, dilution, and dynamization, with apparently equally satisfactory results in the hands of those accustomed to the given preparation, and without liability of serious consequences. The first fact proves that the result is attained by a strictly "alterative" action of the drug, *i.e.*, "the production of a salutary change without exciting any sensible evacuation," which is the true function of medicines, said function, when exhibited in pathological conditions, always manifesting itself in accordance with the law of similars. The second does not intimate the impossibility of producing toxic symptoms by a reckless use of the stronger preparations, but that they will appear sufficiently early and sufficiently clearly to avert serious consequences from all save a dolt. Ergot has been used to some extent as an anti-galactagogue, and ignatia is said to have exhibited that property, but neither would be thought of when belladonna is within reach.

Nature may still farther be assisted by means of an appropriate

diet. All recognize the necessity of its being "dry," but the vagueness of that term is well illustrated by the two "regulars" who specify under that caption, the one thick gruels, toast, green vegetables, underdone meat, simple puddings (egg custard, etc.); the other, fish, poultry, eggs, roast lean meat, compared with the homöopath who allows only bread and butter, or crackers and tea, for three or four days. Our Nestor remarks: "If women will only keep Lent in the strictest form of Catholicism, they will not be troubled with engorged breasts."

The comfort of non-nursing puerperæ will be secured and their welfare enhanced by so supporting the breasts that their axes will deviate but slightly from the perpendicular to their bases. Whether simple slings, or a figure-of-eight bandage, or any other of the countless contrivances that have been devised is resorted to, is inconsequential, *provided* the desired result is obtained without annoyance to the invalid, and without repressive action on the lactiferous system. The fame of a bandage used at the Boston (Mass.) Lying-in Hospital had reached my ears but without details, so I called at the institution about a month ago for information. It is made of two strips of cotton cloth, each doubled and nicely stitched, and then sewed together in the shape of the letter T, the horizontal strip being somewhat longer than the upright. Different sizes are kept constantly on hand, for after use they require simply to be laundried, when they are nicer than ever. In the specimen I chanced to see the length of the respective strips were apparently twenty-four and thirty inches, with a common width of about three and a half inches. When used a "bias" is taken in the horizontal piece exactly over the centre of the upright, and held in position by one or more safety pins, thus converting the letter into a Y. The size and style of the bias depends, of course, on the contour of the breast to which it is to be applied. The upright is now placed transversely across the back of the puerpera, the apex of the V portion coming just below, say the left axilla, and each arm extending respectively above and below the left breast. These are now drawn snugly in the direction of the right breast, when their free ends are brought together on its axillary border, and there are securely pinned to the base of the upright. Finally, the two arms are caught together at the intermammary space by a large safety pin, thereby securing greater steadiness and support. Of course, a few folds of cloth or of cotton may be placed between the breast and the bandage in case of marked irregularity of contour, but generally the single band is amply sufficient. It will be noted

that the effect of this simple device is to afford abundant support to those portions of the breast in which trouble generally originates *without exerting compression*; the result is that any excess of the lactiferous fluid pours spontaneously from the nipple, and the liability of the ducts to occlusion is reduced almost infinitesimally.

In conclusion, it may be remarked that no respectable homœopathist would for an instant dream of administering any of the derivatives so generally resorted to by allopaths and eclectics (howbeit some have learned better), since much vaunted *experience*, the experience of our school, has proven them to be worse than useless. Neither will any one permit the breasts to be manipulated more than is absolutely necessary, since it is conceded any handling tends to increase the secretion of milk. This hint ceases to apply upon the first indication of engorgement; then pathological conditions have arisen whose consideration has been assigned to an associate. For the same reason *phytolacca* is not indicated immediately after parturition. It generally is called for by the first manifestation of trouble.

Perchance it is needless to add, by way of postscript, that the practitioners of every method of treating the breasts of non-nursing puerperæ now in vogue are ready each to swear his own way is the best, is unfailing, and is never, almost never, attended with bad results.

OUTLINE OF THE ORGANON.—SECOND PAPER.

BY M. W. VAN DENBURGH, M.D., FORT EDWARD, N. Y.

FROM whatever standpoint we regard the *Organon*, it is a most wonderful book. Having poured the vials of his invective wrath into the "Introduction," Hahnemann assumes a very different tone in the *Organon*, proper. It is dignified, and for the most part, calm and judicial in tone, while its terse language, its clear statement, and its masterly grasp is interesting as a mere piece of literary work.

Passing, as it did, under the hands of the author, through five successive editions,—six, in reality,—for "the medicine of experience" is in reality the first edition, it had ample opportunity to grow toward perfection.

The style in the German is peculiar. The sentences are, for the most part, exceedingly long, often much involved, and ponderous in the extreme. But they seldom lack clearness, force or vigor. A literal translation of them into English would be useless to any one not wholly familiar with the German idiom. All books suffer inevitably from translation, but so clear, in general, is Hahnemann's meaning, that the reader of the *Organon* in another language, may, if he has a good translator, rest assured that he has the meaning of the author, though he may have lost something of his style.

Among the most conspicuous qualities to be noted in beginning the book is its methodical arrangement, of which the following is a brief summary.

SECTION 1 gives probably one of the best, if not *the best*, summary of "the calling of a physician" ever written.

"The physician's highest and only calling is to restore health to the sick ; this is called healing."

In a long footnote, Hahnemann inveighs strongly against theorizing "upon the immediate essence of life and the origin of disease in the interior of the human economy."

Unfortunately, much of what he says is a heavy boomerang, and reacts with strong emphasis when applied to parts of the *Organon* itself.

SEC. 2 defines "ideal healing ;" "The highest ideal of healing is the speedy, gentle, and permanent restoration of health, or the alleviation and obliteration of disease in its entire extent, in the shortest, surest, and least detrimental manner, according to clearly intelligible reasons."

This is simply a masterpiece. To add or subtract, or in any way change the meaning of this, would be to paint the lily, or add lustre to the diamond.

SEC. 3 is an epitome of all the remaining part of the book.

In it is outlined in a masterly manner, "What a physician should know."

The physician should clearly understand :

- (A.) What is curable in diseases in general, and in each individual case in particular (that is, the recognition of disease). (S. s., 5-18 and 70, 1st.)
- (B.) What is curative in drugs in general, and in each drug in particular (that is, he should possess a perfect knowledge of drug-powers). (S. s., 19-21 and 70, 2d.)
- (C.) "He should know from clear reasons how to adapt what is

curative in medicines to what he has recognized as undoubtedly morbid in the patient, so that recovery must follow (Section 71) (that is, he should so adapt it that the case is met by a drug well-matched as to

(a.) "Its kind of action (selection of the remedy). (S. s., 22-49 and 70, 3d, 4th, 5th.)

(b.) "Its necessary preparation. (S. s., 266-271.)

(c.) "And quantity (proper dose). (S. s., 51-63 and 275-287).

(d.) "And the proper time for repetition." (S. s., 245-248.)

(D.) Finally, when he knows in each case the obstacles in the way of permanent recovery, and how to remove them, he is prepared to act thoroughly and to the purpose, and to merit the title of a true physician. (S., 71, three problems.) (S. s., 72-294.)

(E.) Section 4, runs thus: "He is at the same time a preserver of health, when he knows the causes that disturb it, that produce and maintain disease, and how to remove them from those who are in health."

This is really a definition of hygiene, and the topic is not again mentioned in the *Organon*, except incidentally.

The only other leading section remaining to be noticed is the seventy-first. This contains the topics treated in the rest of the book. After a brief summary of the preceding arguments, the section closes thus: "The business of curing will depend on the solution of the following problems:

(1.) "How does the physician gain the knowledge of disease necessary for the purpose of cure? (S. s., 72-104.)

(2.) "How does he gain his knowledge of the morbid power of drugs, as the implements designed for the cure of natural diseases? (S. s., 105-145.)

(3.) "How does he apply these artificial morbid potencies (drugs) most effectively in the cure of disease?" (S. s. 146-294.)

The bracketed numbers show approximately the extent of the discussion of each topic.

Having in this brief way outlined the scope of the *Organon*, the more circumstantial analysis will be better understood and its study more thoroughly enjoyed. A "brief outline" is here subjoined.

A BRIEF ANALYSIS OF THE ORGANON OF HEALING.

S. 1.—The calling of a physician.

S. 2.—Ideal healing.

S. 3.—What a physician should know.

First.—What is curable in disease. (S. s., 5-13 and 70, 1st.)

Second.—What is curative in drugs. (S. s., 19-21 and 70, 2d.)

Third.—Distinct reasons for the selection of the remedy, so that it will be well-matched as to

(a.) Its kind of action. (S. s., 22-49 and 70, 3d, 4th, 5th.)

(b.) Its necessary preparation. (S. s., 266-271.)

(c.) And its proper quantity (dose). (S. s. 51-69, and 275-283.)

(d.) And the proper time for repetition. (S. s., 245-248.)

Fourth.—The obstacles to recovery, and how to remove them. (S. s., 71, I., II., III., 72-294.)

• *Fifth.*—The causes that produce and maintain disease, and how to remove them from the healthy. (Not discussed.)

S. 7.—Three problems for solution:

First.—How to gain a knowledge of disease necessary for its cure. (S. s. 72-104.)

Second.—How to gain a knowledge of drugs necessary to their use in curing disease. (S. s., 105-145.)

Third.—How to learn to properly apply the first to the second. (S. s., 146-294.)

SUPPLEMENT TO FIRST PAPER.

Since writing the above,* a copy of another portrait of Hahnemann has fallen into my hands. It is a photograph of a medallion made in Paris in 1856. The date is ten years after the death of Hahnemann, and is at least ten years older than the *Organon* portrait. It is Hahnemann at almost four-score and ten. The face is that of a fine looking old man, but old, very old. That it is "a Hahnemann," no one can deny; but that it is "the Hahnemann," a moment's consideration will at once dispel. When past four-score, Hahnemann was visited, courted, won and married by a gay French woman, fond of adventure, and with a broad streak of French vanity. She took him at once from his more than twenty years of almost

* See May number, page 282.

hermit-like retirement to the gay French capital, procured him a license to practice, and forthwith exhibited him as a lion in society.

What with his great age, the careful grooming of his new French wife, the gay society of the gayest city in the world, what indeed could be expected to remain of the indomitable, plodding, combative German of more than sixty years of mental and physical toil.

His closely curling locks, thinned out by age, were carefully combed and made to hang about his neck (nape); every device known to feminine art was, as we may well surmise, used to make him a striking personage, and to alter his faded appearance.

This portrait, made years after his death, probably under the direction of his widow, is the one we have here. The best that can be said of it is, it cannot be vouched for, neither as to accuracy, nor yet as representing the man.

King William at eighty was not the King William that led the victorious armies of 1870. Humboldt in his last years was not the Humboldt of travel, of adventure, nor yet the philosopher. One must go back years and years to find that Humboldt.

Darwin, Emerson, Whittier, Harriet Beecher Stowe, whoever the person, and whatever the pursuit in the prime of life may have been, "they all do fade as the leaf," and to find them as they should be in history, is to take them at their best, and not in their decrepitude; hence I am inclined to set very small store on the Paris portraits of Hahnemann. It is not in my humble opinion to be mentioned in the same day with the one in the *Organon*.

This medallion is in profile, of course; medallions generally are. It is noticeable in two points as correcting some of the common misrepresentations of the day. The forehead does not project in front of the brows, as is often represented; but the brows are the most prominent part of the upper facial outline. The nose is not markedly curved; indeed, we may well infer, it was nearly straight in outline, until the receding upper lip drew it downward. The lower lip is markedly prominent, as is frequently seen in toothless age, while the veins of the temples have become varicose and tortuous. The whole face is noble and reverend, even in the wreck of what it once was; it is a most excellent example of how to grow old, but it is not "the Hahnemann."

STRANGULATED HERNIA COMPLICATED BY TUBERCULAR PERITONITIS.
OPERATION—CURE.

BY WILLIAM B. VAN LENNEP, A.M., M.D., PHILADELPHIA.

(Read before the Homœopathic Medical Society of the County of Philadelphia, June 18th, 1889.)

Miss M., aged 48 years, seen with Dr. J. R. Mansfield, of Germantown, November 22d, 1888.

History.—Has had a right femoral hernia for about twenty years; always reducible and controlled by a truss. Has been nursing a sister, who died, within a few days, after a long illness; disease, tuberculosis of lungs and bowels. Of late has been losing flesh rapidly; has had profuse night-sweats and a gradually increasing diarrhœa, with some tenderness of the abdomen and bloating; dry, hacking cough. Has neglected to wear her truss.

On November 20th was taken, after lifting some heavy furniture, with vomiting and epigastric pain. Dr. Mansfield inquired about the hernia, and was told it was all right. The bowels were frequently moved and loose. Temperature 99°. The next day, the symptoms continuing unabated, the doctor examined and partially reduced the hernia. He was summoned early on the morning of the 22d for a marked aggravation of the vomiting and pain accompanied by great prostration, when he telegraphed for me. I saw her about 10 A.M.

Present Condition.—A small, thin, spare, cachectic woman; narrow chest with slight bronchial breathing and a few râles in both apices; skin sallow; expression pinched, distressed. Pulse small, weak. Temperature 99°. Abdomen sensitive, distended, tympanitic and containing a moderate amount of fluid which gives a distinct wave impulse. Intense epigastric pain; frequent vomiting, the ejected matter being brown, and of a distinctly fecal odor. Has had two small liquid stools this morning. Tumor in the right groin extending obliquely from without inward, above and below Poupart's ligament; very sensitive, faintly tympanitic and irreducible by gentle but persistent taxis. The nature of the trouble was explained to her and the family, and preparations immediately made for the operation.

Operation.—The parts were shaved, cleaned and rendered aseptic in the usual manner. Creolin, one-half per cent., was used for irrigation and the sponges, and carbolic acid for the instruments which had been previously boiled.

Ether was the anæsthetic, and but a little over two ounces were necessary to keep up profound anæsthesia during the whole operation. Dr. Rodes noticed one interesting peculiarity, *i.e.*, the pulse was 88 and the respirations 44 per minute, this ratio being kept up all through the anæsthesia. In view of Raue's and Hering's observations this gave me anything but a favorable outlook.

The operation was performed in the ordinary manner. Taxis was first carefully tried and failed again. The sac was exposed in its entirety by an oblique incision. It was carefully opened and found to contain a small knuckle of very dark but glistening gut covered by omentum adherent to the upper portion of the sac. The constriction was very firm and tight, barely admitting the tip of the little finger. The omentum prevented an upward and inward cut to relieve the constriction, and was accordingly split and tied off in two sections, the distal adherent portion being left in the sac. The constriction was then carefully but *freely* divided from without inward and under the guidance of the eye. This method is, I think, always preferable to the ordinary plan (the herniotome guided by the finger), especially where the opening is small. I once cut a strangulated gut in dividing a very small opening with the herniotome imperfectly aided by the touch. In another similar case I tore the gut, which was in a bad condition, while gently insinuating my finger into the tight constriction to guide the knife. Fortunately in both instances a few stitches corrected the injury.

A strip of iodoform gauze was then pushed through the mesentery, and the gut, after careful disinfection, replaced in the abdominal cavity, the best warmer and reviver of suspicious intestine. Just before the wound was closed the gut was drawn out by means of this strip and found to be completely restored, the color being quite natural and the deep grooves that separated the constricted from the normal portions barely perceptible. The omental stump was also carefully disinfected and tucked into the abdomen, one end of its silk ligature being left long. By means of this it was, later on, carefully drawn up to the wound and inspected to see that there was no bleeding. Neglect of this precaution has, in some instances, necessitated opening up the abdomen to find and arrest a troublesome hæmorrhage.

As soon as the gut and omentum were replaced there came a gush of yellowish serum containing numerous flakes and lumps, cheesy or curdy in appearance. The finger passed into the cavity found some soft adhesions between loops of intestine on which small nodules could

be felt. By massage and rolling the patient over, a quantity of this fluid was coaxed out. Hot water, very feebly creolinized, was allowed to flow in and pressed out until it ran perfectly clear.

On attempting to dissect up the sac, it was found to be very thin and tore in a number of places. These shreds and the cut-off adherent omentum were carefully stitched together so as to partially close the abdominal opening. A drainage tube was carried to this spot and the wound closed around it, layer by layer, by buried and finally superficial catgut sutures. Iodoform was dusted over the wound, crumpled gauze squeezed out of creoline solution laid over it, and then an abundance of sublimated cotton and a firm spica bandage.

She was put to bed with hot bottles to the extremities and good reaction soon followed.

By evening, she was passing flatus freely; the vomiting continued for twenty-four hours, but the ejected matter immediately lost its fecal odor. The diarrhœa persisted for about a week with occasional ameliorations, being at times alarmingly profuse. A retention of urine shot the temperature up to $100\frac{1}{2}^{\circ}$ during the second night. Aside from this it never rose above $99\frac{3}{4}^{\circ}$.

When dressed on the second day the wound was found absolutely without reaction. The dressings were saturated with a pale fluid, showing abdominal drainage. It was dusted with iodoform and covered with a very generous supply of gauze and cotton. A week later, the dressings being soaked through again, they were changed. The catgut sutures had been absorbed, there was no pus, and the whole wound gaped, presenting a flabby, unhealthy look, with no attempt at granulation or union. It was washed with 2 per cent. creoline solution, and packed from the bottom with 10 per cent. iodoform gauze. This was renewed as needed until healing was complete by the end of December.

I have seen her several times since, and when last examined, May 16, 1889, the hernia showed no tendency to recurrence, there was no cough impulse, and the site of the rupture was marked by a firm depressed scar. Her general health is wonderfully improved; she has no diarrhœa, no night-sweats, no cough; she has gained flesh and is rosy, robust, cheerful and active. The abdomen is flat and nowhere sensitive; temperature, urine and stool normal; heart's action strong; examination of lungs negative.

Remarks.—It is not within the scope of a brief clinical report to review the radical treatment of hernia, which has excited so much attention among surgeons for the past few years. So, too, with the treat-

ment of tubercular peritonitis by incision and drainage. This case certainly presented characters which I think warrant the diagnosis, and the result, provided the diagnosis be correct, is an encouraging endorsement of this measure rapidly becoming so popular.

The method of treating the hernia wound by packing *from the very bottom*, used perforce finally in this case, is that advocated by several operators, notably McBurney. I have since tried it and feel inclined to give it the preference. The time, however, has been too short, since its use, to enable me to give it an unqualified endorsement. The drainage from the bottom first used amounts to the same thing, except that the cicatrix is not as large and firm. It is practiced by some operators. It was preferable in this instance to insure abdominal drainage.

THE CYCLOPÆDIA OF DRUG PATHOGENESY; ITS SCOPE AND PROGRESS.

BY THE AMERICAN EDITOR, J. P. DAKE, M.D.

(A Report to the American Institute of Homœopathy; submitted at Lake Minnetonka, June 25, 1889.)

FIVE years ago, at the Deer Park meeting, after much deliberation and discussion on the part of the Bureau of Materia Medica and in the meetings of the Institute and of the British Homœopathic Society, it was determined to have gathered in a series of volumes, the day-books and reports of drug-effects upon the healthy human organism, so far as obtainable. The plan for the undertaking, and the rules to govern its execution, as formulated by our Bureau of Materia Medica and the representative of the British Society, Dr. Hughes, were adopted by the Institute and afterwards by the latter society in England.

Dr. Hughes and myself were selected as editors for our respective countries, and a Consultative Committee of six members was appointed, consisting of three distinguished writers on materia medica for each national society.

The British editor, by reason of his peculiar adaptiveness to such an undertaking and his favorable situation for the gathering and arrangement of material to be embraced, was put in immediate charge of the great work. In cases of doubt as to the import or application of the rules for our guidance, reference was to be made to the Consultative Committee.

Without consuming time with a presentation of the plan and regulations, which have been widely published, I desire to call attention very briefly to the nature and progress of our work.

1. The pathogenesis of drugs, as furnished in provings and cases of poisoning, in the narrative form, showing the beginning of each drug affection and its development from day to day or hour to hour, had never been gathered out of the literature of all countries and languages, so as to be plain and accessible to the English reader. The writer on materia medica, the teacher of what all students should know of drug action, as well as the practitioner desiring to be exact in the comparison of drug symptoms on the one hand, with the symptoms of disease on the other, found great trouble in securing the data necessary to their undertakings.

In *Jahr's Manual*, *Allen's Encyclopædia*, and similar displays of drug effects, they found no connected narrative, but rather an arrangement of symptoms without reference to the order of their occurrence in the prover, under various heads to suit the different organs, regions, or functions of the human body. When they considered that the law of similars must require a similarity in the *order* as well as nature and locality of symptoms to be compared, they realized the defectiveness of the works before them.

It was, then, with a view of supplying the narratives needed, our work was proposed.

2. Again, existing publications, such as *Jahr's Manual* and *Allen's Encyclopædia*, did not furnish the positive or pure effects of drugs on the healthy, aside from and unmingled with those observed in the sick while more or less under drug influence.

Recognizing the justness of Hahnemann's argument against the reliability and value of drug symptoms derived *ex usu in morbis*, the student of pathogenesis must feel the need of some sifting, some decided separation of the chaff from the wheat.

Either the principle demanding a similarity between positive and reliable drug-symptoms and those to be overcome in the sick, was to be abandoned, or some different display furnished in convenient form.

It was with a view of supplying this need, also, that our work was considered necessary.

3. And, again, the current works on materia medica did not, generally, give the particular sources of the symptoms as collated. Means were not furnished whereby the reader could properly judge of the ability or faithfulness of those acting as provers or observers.

Nor was information always given as to the particular preparation or doses of each drug, to the action of which the symptoms had been ascribed.

But I should say that, in the giving of the names of provers or observers, and in the mention of the doses or quantities experimented with, Dr. Allen, in his great work, improved on the authors who had gone before him. The trouble he found in getting such information, in the absence of the original day-books or reports of the provers, is being felt also by the editors of your *Cyclopædia*.

In too many instances a prover has felt his whole duty done when he has put his symptoms in schema form, not thinking it necessary to preserve the narrative of his work or any mention of the precise doses taken. It must ever be a matter of sincere regret that the day-books, the simple narratives of the provings made by Hahnemann and his earlier disciples, and out of which came the major part of his *Materia Medica Pura* and much of his *Chronic Diseases*, were destroyed without having been published in narrative form.

4. I imagine some readers have been disappointed in not finding more of the vast number of symptoms they have been accustomed to see in older publications in our work, and others because they have not been furnished by us with a short cut, a handy and direct guide in the selection of the remedy required in each case.

It should be remembered by all, that the object aimed at, as well as the rules for its attainment, require us to furnish nothing but a record of the symptoms produced by drugs in healthy persons, aside from all clinical or curative effects in the sick. Hence we have left the symptoms recorded by Hahnemann where they were in his *Materia Medica Pura* and in his *Chronic Diseases*, the former well translated into English by Dr. Dudgeon, and the latter now in process of revision or re-translation.

And it should not be forgotten that it was never the purpose of our work to supplant the materia medica manual, but to supplement it and render it more useful by a clear display of the purely pathogenetic and none of the curative symptoms of the various drugs.

If, then, we have accredited but few symptoms to any particular remedy it is simply because we have not been able to find the narratives of more, as originally recorded by the provers, or because some are excluded by the rules under which we are obliged to do our work.

When the index or repertory to our four volumes of individual provings is published, there will be no trouble in finding symptoms

of a particular import or application, as may be desired by the busy practitioner.

5. In obedience to the call of our two great national societies, and under the guidance of the rules wisely framed to ensure exactitude and reliability, we have gone forward, and, to-day, are pleased to announce that more than half of our great work is completed.

At the outset we solicited criticism to the end that our mistakes might be made plain to us and that our workmanship should be improved.

So far as reviews and suggestions have been sent to us by letter or through the journals they have received cheerful and earnest attention. Those prompted by an honest desire to aid our undertaking and contribute to the perfection of the results, for the general good, have been heartily welcomed. Such as have shown a captious spirit, or a state of ignorance or prejudice, as to the leading object in view and as to the methods for its attainment, we have treated with the silence and contempt deserved. We cannot be diverted by slurs and senseless comment from the steady accomplishment of our great mission. We confidently rely upon the discerning judgment and appreciation of the profession at large for our vindication and reward.

6. In conclusion I would remind the members of the Institute that the Treasurer has in his keeping a large number of copies of the *Cyclopædia* to be disposed of at a very low rate. The Institute has subscribed for four hundred copies of the entire work with a view of ensuring its completion and of having it furnished to our members at cost. Were it owned and issued by a publishing house, or had its editors any pecuniary interest in its issue, copies would cost at least double what they now do.

As editors we thank the members of the Institute for all friendly encouragement and earnestly hope for an early completion of our work.

FORTY-FIRST ANNUAL SESSION OF THE AMERICAN INSTITUTE OF
HOMŒOPATHY, HELD AT MINNETONKA BEACH,
MINNESOTA.

THE Forty-first Annual Session of the American Institute of Homœopathy was opened at Minnetonka Beach on the evening of June 24, 1889. The meeting was called to order, after which the Rev. Mr. Heath offered prayer. Dr. Sawyer, of St. Paul, then de-

livered the address of welcome, to which response was made by Dr. Kinne, of Patterson, N. J.

The President, Dr. Seldon H. Talcott, of Middletown, N. Y., next delivered the annual address, a brief abstract of which follows:

He opened by reviewing the present status of homœopathy both at home and abroad. The homœopathic hospitals of France were being well sustained, and in England, the medical directory admits mention of appointments at our hospitals and dispensaries. In Saxony, the laity in thousands are expressing confidence in the value of our system of therapeutics. During the past year a homœopathic hospital has been established in Leipsic, the very city in which Hahnemann was once persecuted. From Russia, Spain, India, and even from the isles of the sea, we have encouraging reports relative to the progress of our cause. In this country, the progress of homœopathy is more apparent than in any other. So great has been our success in America, that the allopathic profession has been making strenuous efforts to check our alarming progress by the establishment of so-called State Boards of Health or State Boards of Medical Examiners.

These Boards are to be formed almost invariably upon such a basis as to give the old school at least a two-thirds majority in each. When these examining Boards have been established by law in the various States they are to grant or refuse licenses at will, and this action is final and irrevocable. We respectfully suggest that your attention be directed to this matter, in order that the dangers threatened may be discovered and understood, and by resolute action averted. We feel that in the establishment of State Boards of Medical Examiners each school of medicine should have its own board, since by this means only can every student who applies for a license to practice have his qualifications tried and passed upon by a jury of his unprejudiced peers. I would suggest that the members of the American Institute of Homœopathy encourage the cultivation of specialties. Every fair-sized town should have its specialist in each branch, and by a careful division of labor, each specialist may become gradually more and more thorough in his knowledge of that branch of medical science which he has selected to investigate, and consequently more skilful in the application of remedies for the cure of special diseases. Again, I believe we should recommend no list of journals as peculiarly worthy of patronage. Let every journal stand or fall upon its merits.

Much has been said of late about the unification of the medical profession. There should be, as Dr. Helmuth asserts, an everlasting unity of purpose on the part of our profession. And that purpose should be the safe and speedy, and permanent healing of the sick, and the general health and happiness among the masses. Every doctor should make the cure of the sick the highest and noblest object of her existence. But this unity cannot be fostered and promoted by any plan of forcing every aspirant to medical honors through some ancient and narrow channel, guarded by the crafty agents of bigotry and intolerance, before he be licensed to practice. We will unite with our medical brethren, of whatever school, in earnest efforts to heal disease and to promote the sanitary welfare of the people. But we will maintain a distinctive organization, and distinctive but thorough method of education, until the doctrines enunciated by Hahnemann and fostered by this society receive that recognition and respect which they deserve from the thoughtful, the scholarly, the broad-minded and the unprejudiced.

Whenever in the past, union has been proposed by the majority in our profession we have found the terms so unjust that they could not be accepted. Those terms required not only the furling of banners, the hauling down of colors and the burial of a name, but they required stultification of conscience and the yielding up of an honest opinion. We can no more unite with our brethren of the "old school" upon the terms proposed, than the United States can be reunited with the mother country. And besides, there is no wisdom in or good reason for the union proposed in the manner indicated.

Both parties are undoubtedly trying to accomplish the best results in behalf of suffering humanity. Through the agency of the schools, active competition is continued, new experiences are unfolded, and by competition, comparison, by criticism, by emulation and by attention, every side of the shield is not only more carefully examined, but more brightly burnished.

What we need in our school and, I believe, in every school of medicine, religion, law, art and politics, is a loftier and more sterling honesty. We believe the duties which rest most solemnly, emphatically and religiously upon the physician of the present day may be enumerated as follows: First, universal unity of purpose in the work of healing the sick; second, universal liberty of opinion and action as an indisputable individual right; third, sectarian cohesiveness and aggressiveness are impulsions to progress.

Dr. Talcott's address was received with marked approval by the members. A vote of thanks was tendered him, and the address referred to a committee consisting of Drs. G. A. Hall, of Chicago; T. G. Comstock, of St Louis; and I. T. Talbot, of Boston.

Dr. E. M. Kellogg, of New York, presented his report as Treasurer of the Institute. He showed that the balance of cash on hand (including the dues collected at the session) one year ago was \$4-295.35. The disbursements had been \$3624.83, leaving a balance on hand of \$670.46. This report was referred to an auditing committee, consisting of Drs. D. S. Smith, of Chicago; J. P. Dake, of Nashville, Tenn.; and H. A. Houghton, of Boston, Mass.

The report of the Necrologist showed that fourteen members of the Institute had died during the year just past. They were as follows: Dr. John F. Whittle, Nashua, N. H.; W. B. Chamberlain, Worcester, Massachusetts; W. B. Wood, Pennsylvania; G. F. Foote, Connecticut; Edw. Reading, Hatboro', Pennsylvania; W. R. Childs, Pittsburgh, Pennsylvania; Wm. Von Gottschalk, Providence, R. I.; O. P. Bear, Indiana; L. L. Vincent, Clifton Springs, New York; J. D. Vail, Pennsylvania; Wm. M. Pratt, New York; L. J. Olmstead, Missouri; F. S. Fulton, New York; J. O. Read, New York.

An attempt was made by one of the members to read the opinion recently delivered by Judge Barrett, of New York; he was ruled out of order by the President, and not permitted to do so. This closed the business of the evening after which the Institute adjourned until the next morning at 10 o'clock.

SECOND DAY.—MORNING SESSION.

The first thing in order was the report of the Board of Censors, who announced that the following physicians had applied for membership in the Institute and had been properly vouched for, as required by the By-laws of the Society: W. C. Hoover, Oak Park,

Ill.; W. A. Shepard, Elgin, Ill.; J. Weslie Walker, Washington, Ill.; J. Leslie Stone, Minneapolis, Minn.; H. W. Westover, St. Joseph, Mo.; H. W. Roby, Topeka, Kan.; T. E. Roberts, Chicago; J. A. Steele, Minneapolis; J. F. Beaumont, Minneapolis; H. C. Dinsmore, Waconia, Minn.; E. C. Williams, Chicago; Virginia F. Smith, Detroit; Pauline E. Canfield, Kansas City, Mo.; Sarah E. Bacon, Chicago; E. R. Perkins, Excelsior, Minn.; W. H. Havilland, Minneapolis; Chas. B. Pilsbury, Duluth, Minn.; W. G. Patrick, Thomasville, Ga.; A. S. Wilcox, Minneapolis, Minn.; Eugene A. Guilbert, Vicksburg, Miss.; G. C. Clifford, San Antonio, Texas; Jno. T. Thatcher, Oregon, Mo.; J. Henry Hallock, Walton, N. Y.; W. D. Lawrence, Minneapolis; Scott W. Skinner, Le Roy, N. Y.; W. S. Briggs, St. Paul, Minn.; H. P. Stiles, Chicago; W. W. Van Baun, Philadelphia; J. T. O'Connor, New York; A. H. Collins, Prairie City, New Mexico; W. W. Van Denburgh, Astoria, N. Y.; Geo. H. Martin, San Francisco, Cal.; L. B. Zoller, West Union, Ia.; J. A. Schmidt, Chicago; Geo. B. Harnden, Sherburn, Minn.; J. F. Hurlburt, Duluth, Minn.; Adele S. Hutchinson, Minneapolis; A. P. Hanchett, Council Bluffs, Iowa; Jno. E. Sawyer, St. Paul; Chas. Gatchell, Chicago; W. A. Schrader, Chicago; Florence M. Saltonstall, San Francisco; Nellie R. Harris, Des Moines, Iowa; Sarah C. Wilcox, Austin, Minn.; A. L. Macomber, Norfolk, Neb.; Frank R. Hill, Tacoma, Washington; David W. Nottingham, Lansing, Mich.; O. W. Carlson, Milwaukee, Wis.; Warren W. Goff, Stevens Point, Wis.; Emma C. Giesse, Detroit; Wm. A. Smith, Winona, Ill.; Margaret L. Sabin, Lincoln, Neb.; F. W. Southworth, Tacoma, Washington; D. A. Strickler, Duluth, Minn.; B. Banton, Waterloo, Iowa; F. C. Bowman, Duluth, Minn.; H. C. Leonard, Minneapolis; B. Elmer Kieler, Danbury, Conn.; P. Nelson, Minneapolis; N. B. Sherman, Cooper, Mich.; W. N. Boyer, St. Joseph, Mo.; F. Becker, Clairmont, Iowa; Martha G. Ripley, Minneapolis; Willella Howard, Santa Ana, Cal.; W. A. Dewey, San Francisco, Cal.; W. A. Franklin, Wapita, Dakota; J. W. Prim, Sioux Falls, South Dakota; Lincoln E. Penny, St. Paul; Samuel W. Rutledge, Grand Forks, North Dakota.

DR. H. C. ALLEN, chairman of the committee on railroad fares, then presented his report, in which was shown most forcibly the difficulties under which he and his associates had labored in securing the reduction of rates for delegates to the present meeting. The report was accepted, and the doctor thanked for his untiring labors on behalf of the Society.

DR. R. LUDLAM, of Chicago, then presented a written reply to the memorial presented to the Institute by the Women's Christian Temperance Union. This report was accepted and the Secretary directed to send a copy of the letter read by Dr. Ludlam, to the Temperance Union.

The next thing in order was the address of the chairman of the Bureau of *Materia Medica*, Dr. J. Heber Smith, of Boston.

In this address the recently published papers on *materia medica* revision by Drs. Wesselhoeft and Sutherland, of Boston, were ably reviewed. The speaker, however, demurred from the conclusions of Drs. Wesselhoeft and Sutherland that only the congruent symptoms could be relied upon with safety in prescribing for the sick. Congruent symptomatic results can only be obtained in like provers under similar conditions and subject to nearly equal doses of the drug proven. Incongruent symptomatic results obtained under test conditions may prove to be the very pearls of our therapia, when subject to the clinical test. Identity of results when given in equal doses to a number of the lower animals of the same species is to be expected. He objected to experiments on animals as a basis for the foundation of a *materia medica*; he laid great stress on the importance of our knowing the peculiarities of our provers more thoroughly, and of thoroughly studying the effects of all external influences on them.

DR. F. W. BOYER, of Pottsville, Pa., then read his address, as chairman of the Bureau of Psychology.

He referred to agents for the creation and preservation of will-power, and called attention to the will as a controlling agency in the cure of disease. The study of mental conditions was for many years left for the consideration of metaphysicians, practitioners of medicine regarding it as beyond their scope. The tendency in medicine was to regard the human body a mere machine. As practice of medicine developed, therapeutics became simplified, and the value of psychological influences in the cure of disease was recognized. Every discovery in science is, at the outset, associated with fanaticism. A law in the natural world is, that action and reaction are contrary and equal; thus we have a tendency to the development of extremely opposite views.

DR. J. P. DAKE, of Nashville, presented his report as chairman of the Committee on the Cyclopædia of Drug Pathogenesis. (This report can be found on page 423 of the present issue.)

In the absence of Dr. Charles Deady, Dr. A. B. Norton read the Address in Ophthalmology :

The subject of anomalies of the ocular muscles was of great importance to the general practitioner. Every physician can recall cases of headache in which his best selected prescription failed to give the desired relief. Glasses only palliated. In many of these cases the trouble has, as its basis, weakness of the ocular muscles. Even vertigo and nausea may result from this cause. When the internal recti are at fault, the disturbance is noticed particularly when the patient is engaged at near work. Attacks of extreme nausea and vomiting are, in many instances, the result of loss of balance of power between superior and inferior recti muscles. Even chorea and epilepsy could be sometimes relieved by attention to this point.

DR. E. M. HOWARD, of Camden, N. J., presented his report as chairman of the Committee on Pharmacy. The subject chosen for the investigation of the committee was, *The Character of the Tinctures Furnished by our Homœopathic Pharmacies.*

"It is boldly claimed by the agents of prominent old-school drug houses that some of our pharmacies are purchasing their fluid extracts and normal liquids in such quantities that the presumption exists that they are using them in the manufacture of the tinctures supplied to our profession. It becomes apparent, upon examination into the relative cost of such tinctures as compared with the expense of importation, that a strong temptation exists in this direction. A specific duty of fifty cents per pound is demanded on all imported tinctures, while careful computation will show that a fair-looking tincture may be made from a fluid extract at a cost of forty cents per pound. Fresh plant tinctures cost about one-third more than the tinctures made from the dried plant.

The following plan of investigation was adopted: "I selected for investigation four foreign plant tinctures, aconite, belladonna, pulsatilla, and digitalis; and two American plant tinctures, gelsemium and aralia. I then requested Dr. J. P. Dake to purchase these six drugs in the ordinary ways of trade from the leading homœopathic drug houses of the country. He was asked to destroy all labels and marks whereby the particular pharmacy from which they came could be recognized, to place his private mark upon each bottle, and then forward the tinctures to me, and send the key to the president of the Institute. Having obtained these drugs, I next proceeded to have prepared as control tinctures: First, a series of these six tinctures made from the ordinary dried material; second, another series from Parke, Davis & Co.'s fluid extracts; and third, a set of guaranteed fresh plant tinctures from Hurlburt's Pharmacy, of New York; and fourth, another set of guaranteed fresh plant tinctures from Boericke & Tafel, of Philadelphia." Unfortunately, as is well-known, there are no chemical tests which will separate dried plant from the green plant products. A comparison, however, of the control tinctures thus prepared soon convinced the speaker that the tests of color and odor had a foundation in fact. The dry plant tinctures, with the exception of aralia and gelsemium, show a distinct green color, which is entirely lacking in all the fresh plant tinctures with the exception of pulsatilla. The odors of the control tinctures showed marked differences, which were easily detected, excepting in the case of the aralia preparations. The dried plant tinctures, on the other hand, possessed the peculiar pungent odor of the alcohol used, and those whose source includes the leaves of the plant, have, in addition, the peculiar musty odor of dried leaves. This distinction is not so prominent in fluid extract tinctures, but the odor of alcohol is just as marked. Based upon these facts, the tinctures purchased by Dr. Dake have been examined as follows: First, Their odor alone has been carefully noted by a number of persons working independently. Dr. Howard's own observations were conducted at night, so that he might not be prejudiced by their color. Secondly, By their color, without any reference to the previous records of odor. The following is a summary of the results obtained from Dr. Howard's investigations:

Aconitum Nap.—Those marked 1, 5, 6, good fresh plant tinctures; 3, 4, 6, 8, 9, probably from dry material; 2, a diluted tincture.

Atropa Belladonna.—1, 2, 4, 5, 6, 8, 9, good fresh plant tinctures; 3 and 7 probably dried material and diluted.

Digitalis Purpurea.—1, 3, 5, 6, 8, fresh plant tinctures (5 and 6 appear to be diluted); 2, 4, 7 and 9 probably from dried material (4 most likely from a fluid extract).

Gelsemium.—1, 2, 5, 6, (8?), fresh material; 3, 4, 7 and 9, dried material (diluted, except 9).

Pulsatilla.—1, 2, 4, 5, 6, 8, good fresh plant tinctures; 3, 7, 9, probably from dried material.

Aralia.—4, *cimicifuga* sent by mistake ; 2 good, but very dilute ; 1, 3, 5, 6, 7, 8 and 9 good.

Papers on "Tinctures and Their Manufacture," by Mr. A. J. Tafel, of Philadelphia, and on "The Pharmacy of Dilutions," by Dr. T. H. Carmichael, of the same place, were then read by title and referred for publication. The report of the bureau was then accepted. It was decided, after full discussion by the members present, not to publish the key to Dr. Howard's investigations, as it was thought that the pharmacies, learning that the Institute was investigating the character of tinctures sold, would at once make efforts to improve the character of the same. The Institute then adjourned to meet in sectional meetings at 3 P.M.

AFTERNOON SESSION.

SECTIONAL MEETING IN OPHTHALMOLOGY, OTOTOLOGY AND LARYNGOLOGY.

In the absence of the chairman, Dr. Chas. Deady, Dr. A. B. Norton, of New York, occupied the chair. The first paper read was one by Dr. J. M. Schley, of New York, on "A Case of Lupus of the Larynx."

Lupus, the speaker said, was a most rare disease in this latitude, he having, in a large dispensary practice, met with but one case of the same occurring on the face. The case of which he made a report at this time was only the second case of the kind reported anywhere. The patient was a woman, aged 44 years, in whom the diagnosis of lupus of the face was not at all difficult. She had, however, some laryngeal difficulty. The face was intensely red ; there was marked eversion of the lower lip, due to cicatricial contraction ; pinched, eaten appearance of the nose ; marked etropion ; some destruction of the ears, and their remaining portion bound down to the cranium, with nearly complete atresia of the auditory canal. The cutis appeared shiny and tightly drawn, and in places old nodules had made their reappearance on diseased ground ; and still further, where several nodules had coalesced, a superficial ulceration existed, covered at times by a scar ; running in various directions, and at different angles, superficial cicatrices were noticed. The disease had extended on to the hairy scalp, which in places was denuded of hair. The only other place where a lupus patch was noticed was near the left wrist. It was with great difficulty that the mouth could be opened for the purpose of examining the throat, owing to the ulceration at its angles. It was impossible for her to bring her lips together ; her teeth showed prominently even when her mouth was closed to its fullest extent. The gums receded from the teeth, which were quite movable in their sockets. The tongue could only be protruded partially ; it was very red, and its surface was uneven, and to the touch very hard. The uvula was shortened, but very broad and much thickened ; it looked more like a raspberry than anything else. The whole structure of the soft palate had undergone much thickening, and the hypertrophy seemed to extend downwards. The parts affected had a dark hue. The posterior wall of the pharynx was much thickened. A small red spot on the posterior pharyngeal wall was detected. The epiglottis had a granular surface, and appeared

as if stunted. The aryteno-epiglottidean folds were thickened to four times their natural size. The swelling was due to infiltration and not to œdema. The diagnosis of lupus of the larynx was based on the presence of lupus patches in other parts of the body, and on the ability of the author to exclude syphilis, phthisis, and cancer.

DR. SCHLEY illustrated his paper by exhibiting to the section the larynx taken from the patient whose case is above described. It was removed post-mortem. Dr. Dillow remarked that the case reported by Dr. Schley was undoubtedly the one that had previously been reported by Dr. Lefferts, of New York.

DR. E. W. BEEBE, of Milwaukee, reported an accidental proving of chrysophanic acid.

A professional friend of the essayist, suffering from an affection of the eye-lids, had prepared an ointment of chrysophanic acid as an application for the cure of the same. It produced a severe conjunctivitis with the following symptoms: Contraction of the pupils with photophobia; the least ray of light producing great pain, which was intensified by throbbing synchronous with the heart; phosphenes. On forcing the eyes to look at objects in a darkened room, retinal impressions remained for some time after closing the eyes. These symptoms continued for ten days. On recovery from this attack the blepharitis had much improved. An ointment of 1:100 was then applied, but produced the same symptoms as in the first instance, though to a milder degree. The speaker believed chrysophanic acid to be a valuable remedy for local application in ciliary blepharitis, but that it should not be used in strength greater than 1:1000 for fear of aggravation. Internally, it should be a valuable remedy in retinal asthenopia or optical hyperæsthesia. In its action upon the iris, ciliary body and retina, it is analogous to physostigma and pilocarpine. For the affection just named, Dr. Beebe has given the drug in the 3x. In the photophobia attending scrofulous ophthalmia, keratitis, and iritis, it had been given with seemingly good results.

DR. G. C. McDERMOTT thanked Dr. Beebe for his suggestion of chrysophanic acid as a remedy for retinal asthenopia.

DR. A. B. NORTON said that he had used chrysophanic acid internally as well as locally in cases of blepharitis, and in phlyctenular conjunctivitis and keratitis. The strength of ointment used was eight grains to the ounce.

DR. NORTON then read his own paper on "The Advantages of Systematic Exercising over Tenotomy in the Treatment of Heterophoria." The author made a strong plea for exercising of the ocular muscles as a therapeutic measure. He thought that tenotomy should never be resorted to until every other measure had been faithfully tried.

A paper by Dr. F. Parke Lewis, of Buffalo, "On the Indications for Operative Appearance in Heterophoria," was read by Dr. Clarence Bartlett, of Philadelphia.

The conclusions presented by Dr. Lewis's paper were as follows: 1. That in

suitable cases, especially in those in which all usual methods have failed, tenotomy may be followed by very brilliant and gratifying results. 2. That the chief value of this method of treatment is in hyperphoria, and this having been corrected, disturbance of balance in the lateral muscles may disappear spontaneously. 3. That while, even in chosen cases, the results are not always satisfactory, nevertheless, the large number of cures in otherwise hopeless cases, renders tenotomy a most valuable resource in certain forms of asthenopia, and in general neuroses dependent upon heterophoria.

DR. A. B. NORTON, of New York, then read the paper prepared by Dr. Charles Deady. The title of this paper was "Observations on the Methods of Exercising the Ocular Muscles with Prisms."

In cases of heterophoria the speaker was strongly in favor of treating the same by means of proper exercising of the muscles in preference to operation in a majority of instances. The amount of benefit to be secured by exercise varies with the degree, and especially with the direction of the deviation. The cases coming under the head of hyperphoria presenting the greatest difficulty, while exophoria is most amenable to treatment by this means. The writer had invariably been able to restore the power of the internal recti by exercising the prisms, when the patient had sufficient intelligence and perseverance to carry out the treatment. He then proceeded to review at great length the best method for strengthening the ocular muscles by the above-mentioned means.

DR. JOHN F. BEAUMONT, of Minneapolis, expressed himself as pleased with the stand taken by the essayist in reference to preliminary exercising of the ocular muscles. He regretted the too common tendency to perform operations on the ocular muscles. These muscular anomalies had been treated successfully for some time past by means of electricity and internal medication, and a fair amount of success was reached. Now that we understand the proper use of prisms there was less occasion to resort to the heroic procedure of operation.

DR. G. C. McDERMOTT, of Cincinnati, remarked that he believed that the general practitioner would find in the eye a frequent cause of many of the headaches from which their patients suffer.

DR. E. W. BEEBE, of Milwaukee, asked what proportion of these cases of muscular insufficiency are associated with astigmatism.

DR. G. C. McDERMOTT said that he had met with astigmatism in many cases occurring in school children, but not, of course, in every case. Dr. Beaumont said that while he had not kept any statistics bearing on the subject, still he believed that the majority of the asthenopic conditions due to the *phorias* were associated with a slight degree of astigmatism.

DR. A. B. NORTON remarked that he doubted if more than half of his cases of hyperphoria were associated with astigmatism. The existence of this refractive error was so common that he doubted if it

had any relation to muscular troubles. He also called attention to the fact that Dr. Lewis did not seem to favor operative measures as strongly as he did one year ago at the meeting held at Niagara Falls. The speaker also said he should hesitate a long time before he would operate in a case of hyperphoria of but one degree. He had seen cases in which these operations had done decided harm.

DR. BEAUMONT thought that the correction of muscular insufficiencies bore the same relation to ophthalmology as orificial surgery does to the work of the general surgeon.

DR. NORTON corroborated the idea that in cases of hyperphoria, associated with slight esophoria, the correction of the former by proper exercising, will generally cause the spontaneous disappearance of the latter.

Other papers were read as follows: "Some Experience in Ocular Muscular Troubles," by James A. Campbell, of St. Louis; "Accidental Rupture of the Membrana Tympani with Results," by Dr. Sayer Hasbruck, of Providence, R. I.; "Hypertrophic Rhinitis," by Dr. F. F. Casseday, of Kansas City, Mo., and the "Chemical Galvano-Caustic in the Treatment of Atrophic Rhinitis," by H. H. Crippen, of San Diego, Cal.

SECTION IN PSYCHOLOGY.

The sectional meeting of the Bureau of Psychology was presided over by Dr. F. W. Boyer, of Pottsville, Pa. The following papers were presented and ably discussed: "Pre-Natal Influences," by J. D. Buck, M.D., Cincinnati, O.; "Nutritive Influences," by J. G. Baldwin, M.D., New York, N. Y.; "Climatic Influences," by Helen M. Bingham, M.D., Denver, Col.; "Drug Action Upon the Will," by E. O. Kinne, M.D., Syracuse, N. Y.; "The Emotions as Affecting the Will," by Sophia Penfield, M.D., Danbury, Conn.; "Creation and Preservation of Mental Equilibrium," by W. M. Butler, M.D., Brooklyn, N. Y.; "Mental Training for the Young as Affecting the Will," by Julia H. Smith, M.D., Chicago, Ill.; "Will Power: How Produced and How Applied in the Cure of Disease," by William H. Holcombe, M.D., New Orleans, La.

EVENING SESSION.

SECTIONAL MEETING IN MATERIA MEDICA.

The first paper read was by Dr. E. M. Hale of Chicago, and treated of "The Unproven Iodides." (This paper will appear in a future number of the *HAHNEMANNIAN MONTHLY*.)

DR. ALLEN, of Ann Arbor, in discussing Dr. Hale's paper, took decided exceptions to the teachings thereof. He said that Dr. Hale had started out with the assertion that the use of iodine and gold combined would obviate the necessity of alternating the two remedies. That is not the principle on which Hahnemann based homœopathy. Hahnemann first proved every drug upon the healthy human body, and thus obtained symptoms which should be our only guide in the administration of drugs to the sick. But Dr. Hale takes a new remedy, the iodide of gold, and bases the indications therefor on the symptomatology of gold and the symptomatology of iodine. No man living knows what the symptomatology of iodide of gold is until he has proven it upon the healthy. It can only be a suspicion on our part that the symptoms of iodide of gold are the symptoms of gold and iodine. The teaching of the paper, he thought, was both pernicious and unscientific.

DR. WM. OWENS, of Cincinnati, remarked that the symptoms mentioned by Dr. Hale as curable by the iodide of gold were curable by the iodide of potassium.

DR. WM. E. LEONARD, of Minneapolis, then read a paper on "Mineral Springs Containing Iodine and its Salts."

The European mineral springs which contain Iodine or its salts; *Hall*, in upper Austria, *Lipp Springs*, in Westphalia, Germany, and *Eaux Bonnes*, warm sulphur springs, in France. The American springs of this character are: Gettysburg spring, the Climax spring in Camden Co., Missouri; the Iodine springs in Monroe Co., West Virginia; the Joran Alum springs of Bath Co., Virginia. Of the above, provings have been made of the first one only. Mention was also made in the paper of numerous other springs in which the proportion of iodine was exceedingly small.

The next paper presented was "The Therapeutic Range and Limitation of Iodine," by Dr. J. Heber Smith, of Boston, Mass.

DR. A. C. COWPERTHWAIT, of Iowa City, then read his paper, which included a "General Analysis of Kali Hyd."

The essayist regretted that our sources of information regarding the pathogenic effects of iodide of potassium were almost entirely clinical—that is, were obtained from poisonings which have resulted from the too free administration of it in the treatment of disease. He would not, therefore, attempt to give anything like a comprehensive analysis of its individual symptoms. In studying the general effects of kali iodatum, we are struck with their marked resemblance to those of mercury, and consequently, also, to those of the scrofulous and especially the syphilitic miasm. It is used by all schools of medicine as a reliable antidote to mercury. Its remarkable virtues in the treatment of tertiary syphilis, especially after the abuse of mercury or when combined with scrofula, is equally acknowledged by the old and new schools of practice. Dr. Cowperthwaite's experience led him to confirm that of many other observers, namely: That the drug is seldom indicated in cases in which the

symptoms do not arise from either the mercurial, scrofulous or syphilitic miasms.

The author then proceeded to review the symptoms of kali hyd. as found under the different rubrics, after which the general action of the drug received consideration. The symptomatology showed that kali hyd. acted chiefly upon the mucous membranes and upon the glands. Its action closely resembles that of mercury, which accounts for its extensive use by all schools of medicine as an antidote to that drug, such action being strictly homœopathic; also for its use in secondary syphilis and in syphilitic nodes, syphilitic periostitis, syphilitic eruptions, syphilitic caries, necrosis, etc. The action of kali hyd. on the glandular system is very similar to that of iodine, producing hypertrophy and loss of function. The general effects of the two preparations are so much alike that Hughes and others include their pathogeneses under one head; of this Dr. Cowperthwaite did not approve. Kali hyd. has a more depressing action than has iodine, and less tendency to febrile disturbance. Both give emaciation and great general debility, but the former is more pronounced in iodine.

DR. E. M. HALE said that he would like to make a few remarks on the stomach symptoms of iodide of potassium. In Chicago, there lives a charlatan who is in the habit of using large doses of iodide of potassium. Many of his patients had come under the speaker's care. A larger number of them complain of a peculiar, pressing, agonizing, aching pain in the upper and larger end of the stomach. It is not like the *cimicifuga* or *ustilago* pain, or in fact, like any other pain with which he was acquainted. Now, by frequent observations, he had found that this pain was very common in persons who had been subjected to large doses of the drug. Putting this symptom to practical test, he had found that the third trituration of iodide of potassium will cure that pain. Only a few days ago, before coming to the meeting, he had read of a similar observation by another physician.

DR. H. C. ALLEN asked how Dr. Hale treated this symptom when the result of the drug.

DR. HALE replied that he did nothing, as it disappeared of itself in a short time. *Lycopodium* was occasionally of some use.

DR. WILLIAM OWENS suggested sweet milk as a suitable antidote.

DR. COWPERTHWAITHE said that he had referred to this symptom in his paper.

DR. OWENS, continuing, said that this aching sore pressive pain was always relieved by drinking milk. He had lately instituted provings of hydriodic acid and had found that it gave nearly the pure symptoms of iodine.

Papers were also read from Dr. J. W. Hayward, of Liverpool, on "The Materia Medica of the Future," and by Dr. M. W. Van Denburgh, of Fort Edward, N. Y., on "How to improve our Materia Medica." The session then adjourned.

THIRD DAY.—MORNING SESSION.

DR. T. Y. KINNE moved that the Bureau of Sanitary Science have its name changed to the Bureau of Medical, Surgical and Sanitary Progress. After considerable discussion this motion was lost.

DR. CLARENCE BARTLETT moved that the Bureau of Psychology be changed to the Bureau of Nervous and Mental Diseases. This amendment to the By-Laws was carried.

DR. BARTLETT then moved the following amendment to the By-Laws:

That Section 7 of Article VII. which now reads: "The chairman of each bureau, as soon as possible after appointment, shall call his associates together and organize his bureau by the appointment of a Secretary; and, being duly organized, the bureau shall select a special subject upon which to labor and report at the next meeting of the Institute," be amended by striking out all after the semi-colon and substituting the following therefor: "And the Secretary shall, after the organization of the bureau, notify each member thereof that he is expected to contribute a paper on some portion of the subject matter pertaining to such bureau with which he is practically and specially acquainted."

Also that Section 8 of Article VII. be stricken out, and that all subsequent sections of Article VII. be renumbered so as to be in accord with the above changes.

On motion, this amendment to the By-Laws was laid over for consideration until the following morning.

DR. A. C. COWPERTHWAIT moved that a committee of five be appointed to draft a preamble and resolutions to present in the name of the American Institute of Homœopathy to those life insurance companies who refuse to appoint homœopathic physicians as examiners, simply because they are such.

This resolution was adopted, and the President appointed a committee consisting of Drs. I. T. Talbot, of Boston; A. C. Cowperthwaite, of Iowa city; J. W. Dowling, of New York; J. P. Dake, of Nashville, Tenn.; and G. A. Hall, of Chicago.

The General Secretary, Dr. Pemberton Dudley, of Philadelphia, then presented a communication from the Homœopathic Medical Society of the county of New York, calling attention to the fact that homœopathic journals were discriminated against in the making up of the Index Catalogue of the Surgeon General's office of the United States army. Ample evidence was given that such discrimination existed.

DR. GEORGE M. DILLOW, of New York, called the attention of the Society to the standing resolution adopted in 1888 in relation to the listing of homœopathic journals. He then offered therefore the following substitute:

Resolved, That in making up the list of existing journals illustrative of homœopathy by the Bureau of Organization, Registration, and Statistics, and the Committee of Medical Literature, that only such shall be included as recognize the principle of *similia* as the dominant principle in the selection of drugs for the cure of the sick, and which also support the organization of homœopathy as a distinctive body in the medical profession—that no journal thus listed shall be stricken off without notice through the General Secretary of the Institute of the reasons for the proposed omission from the list, and then not without due notice and opportunity for defence on the part of the journal under consideration. final action on the case being deferred until the succeeding annual meeting. But the name of any journal may be dropped from the list after failure to signify before September 1, 1889, of its assent to the preceding conditions of its listing; or, after assenting, after subsequent failure to make report to the Institute after three consecutive years.

After stating the above motion, Dr. Dillow requested that it be made a special order of business on the following morning at 9.30 o'clock. This was agreed to.

The Board of Censors then reported the following applications for membership: Jas. C. Valentine, Chicago; Sara L. Valentine, Chicago; A. B. Norton, New York; Eugene P. Mitchell, Los Angeles, Cal.; Henry M. Bascombe, Ottawa, Ill.; Chas. Hayes, Providence, R. I.; Willis H. Glazier, Bloomington, Ill.; Carter M. Toben, Minneapolis; John C. Burnham, Sutherland, Iowa; Edward Walther, St. Paul; J. C. Burns, Grundy Centre, Iowa; S. M. Spaulding, Minneapolis; Fred. J. Becker, Clermont, Iowa; Fannie E. Holden, Duluth, Minn.; J. W. Vidal, Valley City, Dakota; A. A. Just, Crookstown, Minn.; T. O. Clements, Dover, Del.; S. E. Hassell, Lancaster, Wis.; Malcom Leal, New York.

The report of the Committee on Medical Literature was next presented and referred for publication.

DR. T. M. STRONG, of Ward's Island, N. Y., Chairman of the Committee on Foreign Correspondence, read letters from Drs. A. C. Pope, Richard Hughes, Thos. Skinner, of England, and Dr. Banerje, of India, and Dr. M. O. Terry, of Utica, N. Y. The last-named communication related to the condition of homœopathy in the Island of Cuba, from which place Dr. Terry had recently returned. Dr. Strong's report was accepted and referred for publication.

DR. J. P. DAKE presented the report of the Committee on Pharmacopœia. Among other things he asked the Institute for some instructions: *First*,—As to whether it was the wish of the Institute that the proposed Pharmacopœia be so prepared as to be adapted to the use of the professional pharmacist alone, or whether it shall be so constructed as to be adapted to the use of practitioners of medicine. He said that it was the opinion of the committee that the work should be adapted to the use of both physician and pharmacist.

Secondly,—As to whether the Institute wished the committee to prepare a supplementary chapter as to the best methods of dispensing and preparing medicines both at the office desk and in the sick-room. *Thirdly*,—He asked how shall the proposed work be published? Shall it be published by the Institute, or shall it be turned over to some responsible publishing house. The Institute decided that it would be best to have the proposed Pharmacopœia adapted to the wants of both the physician and the professional pharmacist, that a supplementary chapter on the best methods of preparing drugs be added, and that its publication be placed in charge of some responsible publishing house.

DR. TALBOT, Chairman of the Committee on International Homœopathic Convention of 1891, reported that, owing to the fact that Congress had taken no action relative to the celebration of the Quadricennial anniversary of the discovery of America, the Convention would be held in 1891 as first proposed.

The following addresses of the chairmen of the various bureaus were then read: *Bureau of Surgery*, Dr. S. B. Parsons, of St. Louis; *Bureau of Pædology*, Dr. L. C. Grosvenor, of Chicago; *Bureau of Obstetrics*, by Sheldon Leavitt, and of the *Director of Provings*, by Conrad Wesselhøft, of Boston, Mass.

The report of the Committee of Medical Legislation was the next thing in order. Dr. A. I. Sawyer, Chairman of the Committee, was the first to report, and he was followed by Dr. I. T. Talbot, who presented the majority report of the Committee. He set forth the evils of too much State interference in matters of this sort. State medicine, he thought, would mean stagnation. He offered the following resolutions:

Whereas, A general effort is being made to induce the legislatures of the various States to establish in each of these a medical board or its equivalent, which shall have full power to determine who shall be allowed to practice medicine or administer to the sick, and may prevent all others from so doing under penalties of fine and imprisonment, and,

Whereas, In the present widely different methods of medical practice it would be obviously unjust to allow any man or set of men to judge those holding opinions different from their own, and impossible to constitute a medical board in which all these medical opinions are equally represented, or to establish separate boards for each of them, and,

Whereas, Such restrictive and prohibitory laws are contrary to the spirit of American liberty, destructive to the rights of our citizens to employ whomsoever and whatsoever means they may choose in cases of sickness, and subversive of that freedom of thought and investigation essential to medical progress and repressive of all new medical ideas not supported by existing associations.

Resolved, That the American Institute of Homœopathy emphatically protests against and opposes all medical legislation which shall, in the slightest

degree, restrict the liberty of thought, the freedom to investigate and adopt any opinion, and to practice any method of cure which such investigation commends.

Resolved, That such restrictive legislation is obstructive of medical investigations, trammels scientific efforts, and is a hindrance to medical progress.

Resolved, That laws which prevent the people from employing in sickness any medical method which they may desire, take away rights which should be inalienable, and are oppressive and unjust.

Resolved, That such restrictive laws are un-American in character, injurious to the profession, which they belittle, and oppressive to the people, whose rights they invade.

Resolved, That medical legislation may properly be directed to the prevention of deception of and fraud through the unjustifiable use of medical titles by persons who have no right to the same, and it should be the duty of the medical profession and the community, while depriving no person of their just rights, to limit to members of the medical profession the titles legally conferred upon them as evidence of their education and attainments.

Resolved, That if any State restrictive medical legislation should be enacted, and a medical board established, in order to lessen somewhat its evil influences, every effort should be made to secure upon each board an equal representation of each of the three dominant schools or methods of practice, or the establishment of separate medical boards, each with full power to judge of the qualifications of those belonging to his own school.

Resolved, That we call upon the American Medical Association and the medical profession to relinquish all efforts to secure such unwise restrictive medical legislation, upon all members of the American Institute of Homœopathy, and upon all liberal physicians and citizens to join with us in opposition thereto.

The minority report of the committee was presented by Dr. H. M. Paine, of Albany, N. Y., and was supported by Dr. Couch. It offered, for the consideration of the Institute, the following resolutions:

Whereas, The American Medical Association, through the different State medical societies, is endeavoring to procure State boards of medical examiners, with or without homœopathic minority representation; and,

Whereas, Such action, if carried to completion, will inure to the disadvantage, if not to the destruction, of our school as a distinct organization; therefore,

Resolved, That the Committee on Legislation of this Institute be instructed to correspond and co-operate with the legislative committees of the several State homœopathic medical societies, in the procurement of separate State boards of medical examiners throughout the United States.

Resolved, That this action is taken, not from any want of confidence in the medical colleges of our school, or any desire to review their work, or reverse their decisions regarding a standard of qualifications, but as an alternative from which we have no escape if either our school or colleges are to have continued existence.

Resolved, That the Committee on Medical Legislation be authorized, if necessary, to expend \$100 in carrying out the foregoing instructions.

Owing to the lateness of the hour and press of business, the discussion of the report of the committee was made the special order of business for the following morning at 10.30 o'clock. The Institute then adjourned to meet in sectional meetings at 3 P.M.

AFTERNOON SESSION.

SECTIONAL MEETING IN PÆDOLOGY.

The Sectional Meeting of the Bureau of Pædology was called to order by the Chairman, Dr. L. C. Grosvenor, of Chicago. The first paper read was that by Dr. Clarence Bartlett, of Philadelphia. It was entitled "An Inquiry Into the Etiology of Chorea With Special Reference to the Relation Between Rheumatism and Chorea."

The essayist referred to his former communications on the subject of chorea, and then said that the present paper would contain a review of 164 cases of chorea treated by him, according to the causes observed. Sex was an important factor, 118 of his cases being female patients. As to age, about three-fourths of the cases occurred in patients less than 13 years of age. He had met with but one case of the disease in the negro, and thought that the disease was of rare occurrence in that race. Emotional influences, sudden shocks to the nervous system, and over-study, were all important causes of chorea. It was doubtful if chorea was often of reflex origin, as claimed by Stevens, of New York. Lastly, the author brought up the vexed subject of the relation of rheumatism and chorea. Twenty-three authorities, who had instituted inquiries on this point, were quoted, representing 2837 cases of chorea, of which 705, or over 26 per cent., gave a rheumatic history. Dr. Bartlett next gave his own statistics of the 164 cases; 16 gave a history of rheumatism in themselves, and 27 of rheumatism in the immediate family. The total number of cases giving a rheumatic history was 40, or about 26 per cent.

The discussion on this paper was opened by DR. S. P. HEDGES, of Chicago, who said that he had met with chorea far more frequently in girls, relatively speaking, than had Dr. Bartlett. In fact, he had met with seven cases in girls to one in boys. Another physician of Chicago found the proportion to be one in twelve. He had observed with interest the frequent occurrence of the disease in the spring, and thought that the prevalent system of education had much to do with the etiology of the disease. His experience had led him to believe that there was a marked relation between rheumatism and chorea.

DR. MARTHA G. RIPLEY asked if the essayist had found that rheumatism was any more or less frequent in cases of chorea in girls than in the case of that disease occurring in boys?

DR. HEDGES said that he was not able to speak from experience on that point.

DR. BARTLETT said that he had noticed no difference in the rheumatic history of female patients from that found in males.

DR. J. M. SCHLEY, of New York, thought that many of the questions relating to the etiology of chorea were involved in doubt, especially the relation of that disease to rheumatism. It is a peculiar

and well established fact that rheumatism as it occurs in children, is very different in its clinical history from cases of that disease occurring during adult life. He referred to statistics bearing on the relative frequency of rheumatism in children of different sexes, and said that at the age of puberty the greatest frequency of rheumatism is to be found in girls, but after the age of eighteen the greatest susceptibility falls to males. He also called attention to the fact that those cases in which there was a rheumatic history were also decidedly neurotic. As for the matter of endocarditis or pericarditis having anything to do with chorea, he did not believe in that theory.

DR. BELLE REYNOLDS, of Chicago, said that chorea must be a product of civilization and refinement. Although she had been in a position in which over 2000 children came under observation annually who had been subject to all sorts of exposure, and who must have inherited all sorts of diatheses, she had never had a case of chorea.

DR. MACOMBER thought that mothers were often to blame for the occurrence of chorea in girls on account of the careless way they dress them, from the age of ten to that of thirteen.

DR. J. K. WARREN asked if the predominance of chorea in girls was noticed at all ages?

DR. WM. OWENS said that he had a number of cases of chorea at the age of seventy-two years. He had never observed any relation between rheumatism and chorea. The heart symptoms always disappeared after the subsidence of the chorea, in his experience.

DR. DAVID FOSS, of Newburyport, Mass., spoke of a case of chorea in a full-blooded colored girl coming under his treatment.

DR. H. M. HOBART, of Chicago, said that he agreed with Dr. Reynolds that chorea was the result of strains brought to bear on the nervous system. He had had charge of a children's asylum for fifteen years, first as resident—and later as visiting physician, and but rarely met with a case of chorea in that institution. He thought that the prevalent educational methods were to blame for many of the cases of chorea.

DR. O. S. RUNNELS, of Indianapolis, said that he was convinced that the causes of chorea antedated the birth of the child. That the inheritance of the individual has been diverted, that these patients are not endowed with all those forces that an individual born into this world has a right to, and that these cases are the result of indiscretions of parents. People live on the principle "each man for himself," and have little regard or thought for the welfare of their progeny. Girls should be allowed to romp and climb trees the

same as are boys. It is only when the age of puberty is reached that their habits should be different.

DR. L. C. GROSVENOR said that Dr. Runnels had made an admirable point. There are 25,000 idiotic children in England, made such because their mothers depended upon alcoholic stimulants of various kinds.

DR. MILLIE J. CHAPMAN, of Pittsburgh, said that her experience did not accord with that of Drs. Reynolds and Hobart. She had had quite a number of cases occurring in the lower classes. In fact, one of her most severe cases was of that kind. She had found, in her experience, that the disease occurred with equal frequency among the rich and poor.

DR. HENRY F. ROBY, of Topeka, Kansas, agreed with Dr. Runnels that the primary cause of chorea antedates birth. The insufficient clothing of children in the spring and autumn is a prolific cause of the disease. He had found that the best treatment of chorea was to have the mother dress the child in flannel, and the disease would shortly disappear. It is a comparatively easy thing to cure these cases if we strike at the cause, and a prolific cause is insufficient clothing.

DR. SHELDON LEAVITT, of Chicago, agreed with Dr. Roby respecting the influence of insufficient clothing. The most important predisposing cause of chorea was the neurotic temperament. Possessing this neurotic temperament, an exciting cause as fright or over-study is all-sufficient to call chorea into existence.

DR. RUNNELS emphasized the fact that the main element in the etiology of chorea was the neurotic temperament, and that people did things that increased this neurotic tendency.

DR. WM. OWENS referred to two epidemics of chorea with which he had met in Cincinnati. One child in a school had been affected with the disease, which had afterwards spread and affected a large number of the other children. It became necessary to close the school.

DR. CLARENCE BARTLETT, in closing the discussion, said that a rheumatic history was not obtained with any greater frequency in girls than in boys or *vice versa*. He believed fully in the doctrine that the neurotic temperament was at the basis of chorea. His observation of the relatively frequent occurrence of a rheumatic history in choreic patients, he believed, was to be explained that rheumatism, likewise, was not infrequently engrafted on a neurotic basis. He had but a small experience in the treatment of inflam-

matory rheumatism. He had noticed, however, that his rheumatic patients were mostly of a neurotic constitution.

DR. H. M. HOBART, of Chicago, was then called upon to present his paper "On the Importance of Appropriate Feeding After the Nursing Period in Preventing Diseases of Children."

Much of the very large mortality among children was the result of improper feeding. Even greater carelessness is to be observed in the feeding of children at their homes after they have passed the period of nursing than during infancy. Ignorance, carelessness and over-indulgence are at the bottom of improper feeding of children. Mistaken kindness supplies children with articles that can but do them harm. The author then proceeded to review carefully the relation between poor nutrition and certain diseases incident to children, notably rachitis and tuberculosis. He did not believe that any hard and fast rules for the time of weaning babies could be made. Each case has a law unto itself. When the mother's health was very poor, weaning should take place much earlier than under other circumstances. The best diet for a child is one so adapted to his age and digestive power that everything he eats will be digested and assimilated. In cases of children with weak digestion, the "strippings" or the top of fresh milk taken off after standing for two hours, diluted with two parts of boiled water, with a small quantity of sugar of milk added, usually agrees. Similar results are obtained by adding cream and water to milk in the following proportions: Milk, two and a half fluid ounces; cream, half-ounce; boiled water, two ounces, and sugar of milk, one drachm. Children fed for a long time on condensed milk, even though they may become fat and large, and seem to be doing well, are pale and flabby, and possess but little power to resist disease. Condensed milk is fit only for partial or temporary foods. Farinaceous foods given alone are objectionable on account of their difficult assimilation. The manner and time of feeding, as well as the character of the food, should be prescribed by the physician.

DR. GROSVENOR opened the discussion on Dr. Hobart's paper by remarking that regular feeding was of the most importance. He recommended that children be fed not oftener than once in four hours.

DR. COGSWELL thought that Dr. Grosvenor's interval between feeding was altogether too long.

DR. GROSVENOR replied that in his practice he had adopted the interval he mentioned after the child had reached the age of three months. The child never cried for its food if it was fed regularly on the hour.

DR. MARTHA G. RIPLEY asked what was the best method of keeping the bottles clean?

DR. GROSVENOR replied that the only way was to wash them immediately after the child was done nursing, otherwise it was impossible to clean them.

DR. T. E. ROBERTS asked how children who are fed at such a long interval can be pacified if they cry for their food.

DR. GROSVENOR said that if a child was fed at certain hours each day it would learn very soon to expect its meals at those hours. The second repetition of an act constitutes a habit with a child. A child should be put to the breast the first day in order to excite uterine contractions, and thus help involution.

DR. HORNING, of Lake City, thought that the child should be applied to the breast at once after delivery. He thought that there were circumstances under which it was absolutely impossible to feed infants regularly. He has fed his infants as often as every two hours in extreme cases. The feeding of infants during the first three days of life is very trying. There is not enough substinence in the breast to supply even a partial demand on the part of the infant.

DR. T. E. ROBERTS said that the infant's stomach was small, and metabolism was rapid. It cannot hold a great quantity of food, and that small quantity it will hold is soon changed into the elements that go to aid nutrition. Thus it is that an infant must be fed often.

DR. JENNIE E. HOLDEN, of Duluth, said that she had charge of a lying-in asylum, and that it had been her custom to allow the infant to be fed every two hours until it was two months of age. Prior to the third day, if the infant cried, she gave it warm water, and had found that this had a soothing effect. After the second month the interval between feeding should be lengthened.

DR. J. B. G. CUSTIS, of Washington, said that his own test of the feeding of a child had been the amount of sleep the food gave. If a child sleeps well, its nourishment is all right. We do not then want to change the character of it. If it will not sleep longer than an hour or an hour and a half, then its nourishment is either deficient in quality or insufficient in quantity. If, at such a time, the mother is nursing the child, the breast should be supplemented by the use of some artificial food, preferably cows' milk, suitably prepared. Condensed milk is safer for use in the large cities.

DR. BELLE REYNOLDS said that since she had been using the Swiss condensed milk at the asylum she had not been troubled with any severe cases of cholera infantum. Prior to the time she commenced using this preparation the mortality from this disease had been large.

DR. SHELDON LEAVITT said that Dr. Custis had struck the proper key-note to the feeding of infants. It is utterly impossible to lay down any cast-iron rules for the feeding of infants. It is an old

saying that what is food for one person is poison for another. The temperament of a child and its digestive powers should be taken into consideration in each case.

DR. W. E. LEONARD, of Minneapolis, said that it was his custom to have infants fed every two hours during the first month of life, and after that at intervals of three hours. From that time on, the interval is gradually lengthened as circumstances indicate. He had also found it necessary to individualize in the selection of proper food as in the selection of the proper remedy. Some children thrived best on cows' milk diluted with one-third to one-half its bulk of water. Others got along best on condensed milk. He preferred to use the Eagle brand of condensed milk, never having used the Swiss brand. He had also added oatmeal to the milk.

DR. BELLE REYNOLDS said she also used oatmeal added to the milk. As to the temperament, she thought that the physician should be a student of human nature. Boys, she thought, were more apt to inherit the temperament of the mother, and girls, that of the father.

DR. RIPLEY said that the child would often go for the first three days without nursing; but in case the child cried, it was her rule to give it a teaspoonful of the top of the milk diluted with a tablespoonful of boiling water. She had had cases where she had been obliged to carry the child for twelve days without the mother's milk.

DR. CHARES B. PILLSBURY said that he was very much opposed to the use of condensed milk for infants.

DR. CORRESTA T. CANFIELD, of Chicago, said that if a child was permitted to nurse every two hours for the first three days, it would be likely to give the mother very sore nipples.

DR. GROSVENOR said that both the mother's breast and the baby's stomach should be rested. In that way only can the highest degree of physical life be obtained.

DR. H. M. HOBART, in closing the discussion, called the attention of the Section to the fact that in his paper he had said that it was a comparatively easy thing to find the proper food for a child with good digestive powers, but that it was very different in the case of enfeebled children. These latter cases have been set back to the period of infant life, so far as feeding is concerned. As to the time of feeding, many children will get along very well on the long intervals, but many others will not. He was glad to have the question of temperament called up, as it was of inestimable importance. In cases of children with vigorous digestive powers, feeding every three

hours will do. In cases of feeble digestion it will not do. The infant should be put to the breast at the earliest possible moment after delivery. After the third day it is necessary to establish the regular times for feeding. The point respecting the occurrence of sore nipples from too frequent nursing during the first three days is well taken. The speaker's rule regarding the early feeding is that simple water is all-sufficient.

The Section then proceeded to the reading of the other papers announced. They were as follows: "Homœopathy as a Preventive of Diseases of Children," by Martin Deschere, M.D., of New York; "The Importance of Open Air as a Preventive of Nervous Complications-in Teething," by Dr. M. W. Van Denburg, of Fort Edward, N. Y., and "Baby's Bath," by Dr. L. C. Grosvenor, of Chicago.

Dr. Grosvenor gave an interesting exhibition of the articles of clothing for infants advocated by him, after which the section adjourned.

SECTIONAL MEETING IN SURGERY.

The sectional meeting in surgery was presided over by Dr. S. B. Parsons, of St. Louis, Mo. The following papers were presented and read by their respective authors: "Cerebral Localization," by J. K. Warren, of Worcester, Mass.; "Tumors of the Brain," by Dr. Charles M. Thomas, of Philadelphia; "Tumors of the Dura Mater," by S. B. Parsons, of St. Louis; "Compound Fractures of the Skull and Their Treatment," by Charles E. Walton, of Cincinnati, O.; "Depressed Fractures of the Skull," by H. L. Obetz, of Ann Arbor, Mich.; "Under what Circumstances and When Shall the Skull be Trephined for Brain Lesions," by George A. Hall, of Chicago. Dr. Talbot did not present the paper which he was announced to read, but in its stead, presented for Dr. N. Emmons Paine, "A Report of Three Cases of Brain Tumor." The papers presented by the Bureau of Surgery, as above given, constituted a most exhaustive and valuable symposium on the subject of brain surgery. To attempt to give an abstract of them would be an utter impossibility.

Owing to the lateness of the hour, the session adjourned without discussion, after listening to a few remarks by Dr. J. T. O'Connor, of New York, on the sight centres in the brain.

EVENING SESSION.

DR. STEELE brought before the Section in Surgery a patient, asking the opinions of the surgeons present as to the proper course to pursue.

The patient was a cachectic looking woman, 54 years of age, who had in the parotid triangle on the right side of the neck, a tumor, the size of a goose-egg. This tumor was movable and painless. The overlying skin was natural in color; the tumor was hard to the touch, and of rapid growth for the past few months, although it had been existing for more than a year. There was also an internal tumor on the right side of the pharynx, the size of a hen's egg. This was immovable, attached to the right anterior surface of the vertebræ. The mucous membrane over it was very red in color. The tumor was hard, not tender, and encroached upon the larynx and involved the glosso-pharyngeal folds.

DR. PARSONS, the chairman of the Section, called for an expression of opinion from those present. One surgeon suggested electrolysis as the only measure likely to be followed by successful results, while another thought the application of that measure to the case before them would be fraught with dire results.

DR. C. M. THOMAS, in response to a call from Dr. Parsons, said that so far as the nature of the growth was concerned, he was satisfied that it was an adeno-sarcoma. As to the outcome, he felt that there could be no doubt of the fact that the disease would lead to a fatal issue. The tumor in the pharynx reaches so far down that he failed to see how it could be possible to remove it. The removal of the external tumor was, of course, an easy matter. He saw no resource but the use of the trachea tube as the best means of giving the patient comfort.

DR. E. H. PRATT was then called upon, and said that in his opinion, electricity would be harmful in such cases as the one before the Section. He believed that it would stimulate the growth of the cells. He had come to this conclusion from an extensive experience in the use of that agent in the treatment of disease. He would not advise any other operation in the case than tracheotomy, which he regarded as necessary. The feeding by means of stomach tubes and rectal alimentation were also important measures. The removal of the tumors in this case would be followed by very extensive and dangerous, if not fatal, hæmorrhage.

DR. H. L. OBETZ, in giving his opinion, agreed with the two preceding speakers regarding the advisability of removing the tumors by the knife. He, however, advocated electrolysis, as he had seen similar cases improve under that measure in conjunction with the internal administration of the biniodide of mercury.

DR. GEO. A. HALL said that he had seen similar cases to the one

before them, but in which the tumors were much larger. He advocated the removal of both tumors in the case, and thought the operation justifiable, although it was one of great danger. He asked Dr. Geo. F. Shears, of Chicago, for his opinion respecting the character of the tumors.

DR. SHEARS, after examining the case, said that he should judge that the tumors were originally fibromata, and were taking on sarcomatous degeneration. The mucous membrane was not involved in the disease, and he believed the tumors to be encapsuled.

DR. W. W. DANFORTH, of Milwaukee, advised the administration of iodide of arsenic.

DR. PARSONS then put to vote the question of operation in the case. The Section voted almost unanimously in favor of non-operative measures.

DR. PARSONS then announced that the discussion on the papers read before them in the afternoon would be resumed.

DR. DANFORTH started the discussion by remarking that he believed many tumors to have a syphilitic origin, and that he should advise the adoption of anti-syphilitic treatment before resort was had to surgical operation. Some cases he would treat with the iodide of potassium, and others with the biniodide of mercury. The iodide of potassium should be given in appreciable doses. He would always advise the use of the trephine in cases of punctured fractures of the skull, as such injuries are apt to have a fatal issue if left alone.

DR. SHEARS related a case showing the wonderful toleration of the brain to very severe injuries.

DR. HENRY F. ROBY asked if those present would advise the use of the chisel and mallet for enlarging the opening made by the trephine.

DR. J. T. O'CONNOR said that the German surgeons were strongly in favor of using the chisel and mallet for the purpose suggested by Dr. Roby.

DR. C. M. THOMAS said that he thought the reason the German operators used the chisel and mallet was on account of their ability to operate more rapidly with it. They use the chisel to take the place of the rongeur. Gnawing forceps are very unsatisfactory, as they work very slowly, and he thought if he had to choose between them he should use the chisel. If the chisel is used properly it does not cause serious concussion. He thought where it was desirable to make a large opening in the skull rapidly, as in operations for the removal of brain tumor, he would advise multiple trephine openings, using

cylindrical trephines as being the most rapid with which to work. Make the openings with large trephines and remove the narrow bridges of bone between the openings with either the Hey saw or the gnawing forceps. His own experience with the Hey saw is unsatisfactory. Horsley, however, recommends it highly, and does all his operating with the trephine and the Hey saw.

DR. GEO. A. HALL said that it was not so much the instruments that are used in these operations as it is the ability of the men who use them. It is of the utmost importance to know when and how to use them. He had on several occasions removed very extensive portions of the skull in his operations without serious results.

SECTION IN OBSTETRICS.

The Sectional Meeting of the Bureau of Obstetrics was presided over by Dr. Sheldon Leavitt, of Chicago. The special subject for the bureau report was "Puerperal Complications." The first paper presented was "The Management of the Breasts in Non-Nursing Puerperæ," by Dr. Geo. B. Peck, of Providence, R. I. (This paper appears in full in the present number of *THE HAHNEMANNIAN MONTHLY*, page 411.)

DR. E. M. HALE, in opening the discussion, said that it seemed to him that the paper just read dealt with the arrest of the physiological process of the formation of milk. If that is the writer's idea, it throws out the homœopathic remedy as the treatment of the condition. We must use mechanical as well as therapeutic measures in these cases. The speaker said that bandages had been disappointing to him in their results. His old way of treating the breasts in cases of non-nursing puerperæ was by the diachylon plaster fitted to the breast. He now uses the belladonna plaster manufactured by Seabury & Johnson. From this he gets not only the mechanical action of the plaster, but the medicinal effects of belladonna. For the past two years he has used antipyrin for the suppression of the secretion of the milk, and has abandoned the use of camphor and everything else. He began using antipyrin very carefully at first, giving it in one-grain doses. In his next case he gave two-grain doses every three hours, and in the third case, five-grain doses with total arrest of the secretion of milk in six or eight hours. He lays a great deal of stress on the diet.

DR. J. D. BURNS asked Dr. Hale what he supposed was the reason for the action of antipyrin on the breasts?

DR. HALE replied that he did not know.

DR. S. W. S. DINSMORE, of Sharpsburg, Pa., said that he had used antipyrin in five-grain doses, and it had succeeded in arresting the secretion of milk; in one case it produced a severe headache.

DR. B. F. DAKE asked what was the relative time required for the cure of these cases by the different methods of treatment advocated?

DR. WM. OWENS said that for several years past it has been his custom to allow the milk secretion to go on for three days without interference. After that he uses scorched raw cotton applied to the breasts, and has uniformly successful results. He has had to resort to camphorated oil in but few cases. He has complete arrest of the secretion in from three to five days.

DR. B. F. DAKE said that he considered the letting of the breasts alone better than any mechanical interference.

DR. HALE said that he did not use the antipyrin until the engorgement in the breast occurs. He has but rarely found it necessary to give more than three or four doses of the drug.

DR. J. B. G. CUSTIS, of Washington, D. C., then presented his paper entitled "Inflammation of the Mammæ; Etiology and Symptomatology." Dr. Mitchell's paper on "Inflammation of the Mammæ, its Treatment" was read by Dr. Peck. The Section then proceeded to discuss these two papers.

DR. H. C. LEONARD, of Minneapolis, said that he considered that inflammation of the breasts often resulted from the injury inflicted by breast-pumps; they bruise the gland and give rise to abscess. He has also seen cases of mastitis arise from the irritation produced by corset steels. He thought that those of a flabby, lax fibre were the most likely to have inflammation. He thinks the application of cotton-wool a good preventive, he uses it the first day after delivery. He thought that there was considerable truth in the idea that septic causes were often at the bottom of the cases of inflammation of the breasts; this is probably the case where the inflammation results from sore nipples.

DR. C. G. HIGBEE, of St. Paul, said that he considers exposure the most common cause of mastitis, and that patients should be most thoroughly protected about the neck and chest.

DR. L. C. GROSVENOR said that the causes of these mammary troubles found their origin in early childhood. Young girls make strenuous efforts to suppress their forms, and in later years, after the age of sixteen, endeavor to develop them. This, he thought, did these glands great injury and unfitted them for the exercise of their function in maternity.

DR. SHELDON LEAVITT then read his paper on "The Puerperal Retention of Urine."

DR. H. C. LEONARD opened the discussion on this paper. He advised the use of a large catheter, at least the size of a No. 12 English sound. The common mistake was to use too small a catheter. He complimented the author of the paper for recommending the resort to all other measures first before using the catheter.

DR. S. W. S. DINSMORE thought that physicians resorted to the catheter too early in these cases; the remedies most frequently indicated in his experience were *belladonna* and *nux vomica*.

DR. H. M. HOBART complimented the writer of the paper for emphasizing the use of the catheter; he also spoke of *belladonna* as being the first, and *hyoscyamus* as the second in importance of the homœopathic remedies for this condition. With these two remedies the catheter will seldom be called for.

DR. E. M. HALE said that certain cases gave very surprising results; he mentioned the case of a hysterical woman where great trouble was expected. The first urination was attended with such exquisite pain, that the next time she had a desire to urinate he used the catheter, but was unsuccessful. He tried application of hot water, hot fomentations, etc., but without success. He then tried cocaine, 2 per cent. solution, introduced into the urethra by means of a medicine dropper. The patient was then enabled to urinate without any trouble, but every six or eight hours the trouble returned with its former intensity, and he was obliged to continue the use of the cocaine for three or four days, when the trouble gradually subsided. He has tried cocaine in other cases, and thinks it better than the catheter where the trouble is due to spasmodic causes. It does not have to be treated so long.

The next paper was the one by Dr. L. L. Danforth, of New York, and was entitled "Phlegmasia Alba Dolens; Etiology, Symptomatology, Diagnosis and Prognosis." Dr. Higbee was then called upon to read his paper on "The Treatment of Phlegmasia Alba Dolens."

DR. T. G. COMSTOCK presented a volunteer paper on the "Treatment of Occiput-Posterior Positions." The chief feature recommended was the operation of episiotomy. He thought it should be used in every case of such positions.

DR. J. D. BURNS asked Dr. Comstock when was the best time to repair lacerated perineæ?

DR. COMSTOCK replied that the laceration should be repaired immediately after its occurrence.

DR. GEORGE E. RICKER, of Minneapolis, commended the paper as a real advance in the progress of obstetrics. He quoted a prominent authority to the effect that a man who could not correct such a malposition was not fit to attend a case of confinement. He had had several cases such as those considered in the paper, and in all there was laceration of the perinæum. He should adopt the operation advocated by Dr. Comstock should the occasion again arise for it.

DR. A. A. WHIPPLE, of Quincy, Ill., expressed his belief that the operation proposed was entirely unnecessary. Every case can be delivered by the forceps if only time be taken to accomplish the purpose. He mentioned one case in which he occupied three hours in effecting the delivery.

DR. B. BANTON regarded these cases as serious. He had treated four of them. The first one troubled him much. He waited a long time; when action was necessary he gave the patient chloroform, corrected the position, and delivered the child. The second was recognized early; version was performed, after which delivery was easy. In the third case the head was deformed, but the position was corrected, and delivery accomplished with but little trouble. The fourth case was turned easily. He thanked Dr. Comstock for his paper.

DR. H. C. LEONARD said the question was whether to make an incision or take the chance of rupture of the perinæum. He preferred to risk the perinæum.

DR. SHELDON LEAVITT said that he had had a number of cases of this position, and thought that the trouble could be avoided if the position be recognized early. He also claimed that the position can be corrected spontaneously if the occiput can be kept well down with the finger. After the head is within the pelvic cavity he applies the long forceps and rotates forcibly. He has also used the forceps for this purpose in the superior strait, and succeeded in rotating forcibly. In one case it was necessary to apply the forceps, rotate, remove them, and reapply them, rotate again, and so on until he had succeeded in getting the head into the proper position. He believed that we can avoid the impaction of the head in all cases either by first rotating with the finger, or, second, by forced rotation with the forceps. He advised the bearing in mind of the curve of the forceps, so as to avoid injury of the soft parts of the mother.

This closed the report of the bureau, and the Section adjourned.

FOURTH DAY.—MORNING SESSION.

The Board of Censors presented the following applications for membership: George W. N. Custis, Washington, D. C.; M. H. Chamberlain, Council Bluffs, Iowa; George E. Ricker, Minneapolis; George F. Gorton, Portage, Minn.; H. W. Brazie, Minneapolis; John C. Bennet, Kansas City, Mo.; William Russell, Minneapolis; William O. Freiburger, Minneapolis; W. T. Stone, St. Cloud, Minn.; Eugene Hubbell, Waseca, Minn.; G. W. Pringle, Hamlin, Minn.; E. Stella Perrigo, Pepetstone, Minn.; W. F. Knoll, Chicago; T. M. Hoyt, Duluth, Minn.; E. S. Bailey, Chicago; L. M. Roberts, Brainerd, Minn.; Charles E. Laning, Chicago; A. W. S. Stephens, Chatfield, Minn.; Joseph H. S. Johnson, Chicago; L. N. Gresvenor, Chicago; N. Brayton, Iowa City; Francis H. Berrick, Buchanan, Mich.; Levi Hall, Minneapolis.

The next thing in order was the consideration of the amendments to the By-laws. The first one brought forward was that proposed by Dr. Bartlett the day before. This amendment was adopted without discussion.

DR. H. C. ALLEN then called for the consideration of the amendment that he notified the Institute that he would propose one year ago, and that was an amendment providing for the insertion in the applications for membership in the Institute of a clause expressing the belief of the applicant in the principles of homœopathy. Dr. Allen made a few remarks in support of his amendment.

A letter was read from Dr. F. H. Orme, in which he expressed the hope that the proposed amendment would not be adopted.

DR. CHARLES GATCHELL, of Chicago, said that the proposed amendment to the By-laws was entirely unnecessary, as the blank applications for membership say that the applicant applies for membership in the American Institute of Homœopathy, and the Constitution of the Society says that the object of this Society is the advancement of homœopathy and all the branches of medical science. He thought that was sufficient.

DR. T. FRANKLIN SMITH, of New York, advocated Dr. Allen's amendment, as did also Dr. Talcott, who gave up the chair to Dr. T. Y. Kinne in order to speak on the subject.

DR. T. G. COMSTOCK made a motion to indefinitely table the amendment, but it was the desire of the Institute to settle the question at once; so a vote was ordered. The amendment, which required a two-thirds vote for its adoption, was lost—34 voting for it, and 76 against it.

DR. GEORGE M. DILLOW then called up his standing resolution proposed the day before as a substitute for the resolution offered one year ago relating to the listing of medical journals. This resolution was unanimously adopted.

The report of the Committee on Medical Legislation, which had been made the special order of business for this time, was now called for.

The Committee on Medical Legislation, which had been in conference since making the majority and minority reports of the day before, presented a compromise set of resolutions, which were unanimously adopted. They were as follows :

Whereas, The American Institute of Homœopathy declares itself opposed to restrictive legislation which curtails civil rights, encroaches upon personal liberty, and checks the progress of medical science;

Whereas, The American Medical Association, through the various State societies, is endeavoring to procure State medical examining boards, with or without homœopathic minority representation ; and,

Whereas, Such action, if carried to completion, will inure to the disadvantage, if not the destruction, of our school as a distinct body, and act as a direct hindrance to medical progress, therefore

Resolved, That the Committee on Legislation of this Institute be instructed to correspond and co-operate with the legislative committees of the State homœopathic medical societies in the procurement of separate boards of medical examiners throughout the United States, when such boards are to be established, and when it is impossible to secure such separate boards, to insist upon equal representation upon equal boards.

Resolved, That the Committee on Medical Legislation be authorized, if necessary, to expend \$100 in carrying out the foregoing instructions.

DR. O. S. RUNNELS, of Indianapolis, presented his report as Chairman of the Committee on Medical Education. He criticized a large number of so-called "mush-room colleges" most unmercifully, and said that our only protection from the same lay in the establishment of State medical examining boards all over the country. There were 128 medical colleges in the country, some of which were not up to the standard they should assume.

The Society then proceeded to the annual election of officers for the ensuing year: Dr. E. H. Pratt nominated Dr. A. I. Sawyer, of Monroe, Mich. His speech was received with great applause. He was followed by Dr. R. Ludlam, who nominated his former colleague in the Hahnemann Medical College of Chicago, Prof. Geo. A. Hall. Dr. Ludlam's speech was also received with applause. Both candidates were duly seconded, when Dr. Hall arose and withdrew his name from the Institute, and requested his friends to support Dr. Sawyer. He further made the motion that the Secretary cast the ballot of the

Institute for Dr. Sawyer. Dr. Hall retired amidst applause, after which his motion was put and carried unanimously.

DR. SAWYER, accepted the honor conferred upon him in a few well chosen words.

DR. J. W. DOWLING, of New York, then nominated Dr. C. G. Higbee, of St. Paul, for the office of First Vice-President. No other nominations were made. The remaining officers of the Institute were elected as follows:

Treasurer, E. M. Kellogg, of New York; *General Secretary*, Pemberton Dudley, of Philadelphia; *Provisional Secretary*, T. M. Strong, of Ward's Island, N. Y.; *Censors*, R. B. Rush, Salem, O.; T. F. Smith, New York; A. C. Cowperthwaite, Iowa City, Iowa; and C. B. Kinyon, Rock Island, Ill.

After considerable discussion the Society decided to meet at Waukesha, Wisconsin, in 1890.

SECTIONAL MEETING IN CLINICAL MEDICINE.

The Sectional Meeting of the Bureau of Clinical Medicine was held in the afternoon at 3 o'clock. In the absence of the Chairman, Dr. D. A. McLachlan, Dr. Wm. Owens, of Cincinnati, Ohio, presided. "The Pathology of Pneumonia," by Dr. C. Hoyt, of Chillicothe, Ohio, was read by Dr. T. M. Strong. Other papers presented and read were the following: "Clinical Description of Pneumonia," by Dr. W. J. Martin, of Pittsburgh, Pa.; "Iodine and Its Salts in Pneumonia," by Dr. S. Lilienthal, of San Francisco, Cal.; "The Treatment of Pneumonia," by Dr. A. K. Crawford, of Chicago; "Clinical Notes on Pneumonia," by Dr. Wm. Owens, of Cincinnati, Ohio.

The discussion on the report of the Bureau was opened by Dr. W. J. Martin, of Pittsburgh, who protested against the statement made by Dr. Crawford, that no case of pneumonia should be treated without the administration of bryonia. The speaker said that he himself had treated cases without the use of bryonia, and they had gotten along well in every respect. He had treated cases and given them nothing else but bryonia, and they had gotten along well. When we come to prescribe for a case, we do not prescribe for the pneumonia, but for the patient. He had recently treated a severe case of pneumonia, giving the patient bryonia, and she recovered. He had still more recently treated another, in which he gave arsenicum. Recovery followed. Under bryonia that patient would have died.

DR. C. E. LANING, of Chicago, was pleased to hear Dr. Crawford individualize respecting the use of alcohol in pneumonia.

DR. J. M. SCHLEY, of New York, called the attention of the Section to phosphorus as a remedy in the treatment of pneumonia. He said that the experiments of Hausmann on rabbits had shown most conclusively that it produced a typical case of pneumonia. He also said that Dr. Martin had overlooked, in his paper, the mention of the absence of fever in the pneumonia of persons of advanced years. In persons, the subjects of Bright's disease, we may get well-advanced cases of croupous pneumonia without any elevation of temperature. The exact pathology of these cases is hard to understand. There is still one other medicine that is used empirically in the treatment of pneumonia, and that is iodine. Dr. McMichael, of New York, recently tabulated 112 cases of pneumonia in children which he had treated with tincture of iodine, without a single death. Fifteen or twenty drops of the tincture were dissolved in a half-glass of water, and a teaspoonful of the solution was given every fifteen minutes until the temperature fell to the normal. If the temperature remained quiet, he gave it every half-hour, but if it again advanced, he administered the medicine at shorter intervals.

DR. W. W. DANFORTH, of Milwaukee, said that his idea of pneumonia was that it is a self-limited disease tending to terminate in recovery. The present mortality of the disease, he believed, was due to the persistent use of poultices. If these poultices be used in severe cases of the disease, the chances are that the patient will be killed by them. He, himself, used two or three thicknesses of muslin saturated in soda water, around the chest. As to remedies, he mentioned aconite, gelsemium, etc.

DR. H. P. HOLMES, of Sycamore, Ill., said he thought that Dr. Crawford, in saying that bryonia was the great remedy in pneumonia, was getting on the ground occupied by Jousset, who says bryonia is the remedy for the day-time and phosphorus at night. He had applied poultices to the chest in the treatment of pneumonia, and had thus far killed but one patient, and that one died without the use of poultices. He could not see any difference between the poultices as commonly used, and the muslin cloths wrung out in soda-water, as recommended by Dr. Danforth.

DR. A. A. WHIPPLE, of Quincy, Ill., said that he could not see that the application of the poultices could do any harm. He, himself, relied mainly in his treatment on the indicated remedy. With regard to alcohol, he said that his practice had been never to give that remedy either in pneumonia or typhoid fever.

FIFTH DAY.—MORNING SESSION.

The Institute being called to order, the Board of Censors reported the following applications for membership: S. A. Locke, Minneapolis; Charles H. Wagner, Faribault, Minnesota; W. H. Bennett, Fitchburg, Mass.; Daniel A. Locke, Minneapolis; R. D. Matchan, Minneapolis; T. W. Ashley, River Falls, Minn.

DR. GEORGE A. HALL, Chairman of the Committee on President's Address, presented a verbal report, in which he announced that the Committee favored all the recommendations of the President. They objected to any action being taken with respect to the discrimination made by insurance companies, as they thought such action contrary to the dignity of the Society. The Institute then recalled its vote of the previous day respecting the insurance companies.

A motion was made to change the time for the annual election from Thursday noon of each session to Wednesday of each session. Carried.

The Board of Censors here presented a supplementary report, nominating Dr. Wilson A. Allen, of Rochester, Minn., for membership. On motion, Dr. Allen was elected. Drs. Banerje and Sircar, of Calcutta, were elected to corresponding membership in the Society. Mr. A. J. Tafel, of Philadelphia, was elected to honorary associate membership.

The Institute then adjourned to meet in sectional meetings.

SECTION IN GYNÆCOLOGY.

The Sectional Meeting in Gynæcology was presided over by Dr. A. Claypool, of Toledo, Ohio. The first paper presented was by Dr. M. T. Runnels, of Kansas City, Mo., and was read by Dr. O. S. Runnels, of Indianapolis. Its title was "Urethritis."

DR. C. B. KINYON, of Rock Island, Ill., opened the discussion on this paper; said that he had treated some cases of urethritis of gonorrhœal origin by the application of a solution of nitrate of silver of the strength of 10 per cent. Stretching of the urethra by means of steel sounds he had found satisfactory in some cases.

DR. H. W. WESTOVER, of St. Joseph, Mo., asked the last speaker if he really meant a 10 per cent. solution?

DR. KINYON replied that the strength of the solution he used was from forty to fifty grains to the ounce.

DR. T. GRISWOLD COMSTOCK, of St. Louis, said that most of the

recommendations in the paper were excellent. The splitting of Skene's glands and the use of thuja he most cordially approved of. The use of mineral waters is also excellent. He could not agree with the writer respecting his condemnation of Pacquelin's cautery. There are some cases, with granulations in the urethra, in which Pacquelin's cautery is the best thing we have. He could not, moreover, agree with the essayist respecting the pathology of specific urethritis. Gonorrhœa in women is a most serious disease, a hundred times worse than it is in males, and that is saying a great deal. Many people regard an attack of gonorrhœa as next to nothing at all. The speaker took the ground that gonorrhœa was sometimes never cured, especially in females. He, himself, thought it a far more serious disease than syphilis. He then began to explain at some length his views respecting the dangerous character of gonorrhœa in the female, which views our readers will find in the June number of the *HAHNEMANNIAN MONTHLY*.

DR. MARTHA G. RIPLEY, of Minneapolis, asked the last speaker if he had ever known husbands to communicate the disease to their wives, after having been free from the discharge for a long time?

DR. COMSTOCK replied that there are many instances where gentlemen have had gonorrhœa—

DR. RIPLEY (interrupting). "Don't call them gentlemen."

DR. COMSTOCK. "Men."

DR. RIPLEY. "Nor men either."

DR. COMSTOCK. "Males." There are instances where males have had gonorrhœa, and the discharge has been cured. Now that discharge has been known to be called forth by sexual excesses, and the woman has contracted it. If a man has had gonorrhœa even once, great care must be exercised about giving him permission to get married. Another thing of note is, that many persons who have had gonorrhœa have had but one child and no more.

DR. R. LUDLAM, of Chicago, said that he would not discuss the moral aspects of the question. He would review briefly the course taken by the disease in spreading to contiguous parts, and involving the woman in a dangerous condition. The disease travels upwards to the cervical canal and into the uterus, through the Fallopian tubes, inflaming them, and even extending to the ovaries. Years ago, when Noeggerath first promulgated his theory of latent gonorrhœa, much doubt was expressed as to its correctness, but now we know through experience that that theory is true. He said that it was an exceedingly rare thing for gonorrhœa to travel beyond Skene's glands.

We should therefore address our treatment to them, in fresh cases, and look out that the disease does not spread into the bladder. Nothing in his experience did so much good as the use of hot sitz baths, which can be employed before the time when injections are available. While the patient is in the bath, care should be taken that the water enters the vaginal orifice, which can be done by separating the vulva. He could see no reasons for recommending strong caustics, as has been done by one of the speakers.

DR. C. G. HIGBEE asked Dr. Ludlam if the disease, in his opinion, was any more serious in the female than it was in the male?

DR. LUDLAM replied that the disease was more serious in the female because it has a tendency to become chronic and involves parts that are out of sight, and out of reach of our remedial resources, because it involves organs which are under the influence of the changes taking place during menstruation. In the male there is nothing of this kind. He believed that Dr. Comstock had taken a perfectly correct position. Gonorrhœa is a hundred times more harmful in women than it is in men. Nothing, he said, excites his sympathy more than to see a beautiful and loving woman brought to a bed of sickness by the immorality of a wretched husband.

DR. O. S. RUNNELS, of Indianapolis, said that some of these cases of urethritis are very difficult to handle. Besides our remedies we have many little devices to which we may resort. The application of heat, dry or moist, the latter in the form of the douche or the sitz bath, is greatly to be relied upon. He had seen cases in which the acute stage of the disease passed into the subacute and chronic in an incredibly short space of time. He had, in obstinate cases, used stretching of the urethra with curative results.

DR. H. P. HOLMES, of Sycamore, Ill., referred to recent French investigations, which showed that infection of the bladder was favored by retention of urine. He mentioned this in connection with the recommendation of stretching of the urethra.

DR. MARTHA G. RIPLEY asked if, in cases of chronic urethritis, the cessation of the menstrual periods had any effect in producing a cure?

DR. A. C. COWPERTHWAIT, of Iowa City, said that he could not see any point to criticize. He mentioned a case of gonorrhœa in a young man in which he had supposed that he had cured the disease most radically. Ten years afterwards that young man got married. Yet he infected his wife with gonorrhœa. Investigation then proved that once in a while he had a slight moisture at the mouth of the

urethra in the morning. In the case of the wife no urethritis set in, but the disease travelled upwards, and involved the lining membrane of the uterus and cervical canal and Fallopian tubes. Another case that came under his care was that of a woman who had been married for one year, and who went away on a prolonged visit. During her absence, her husband contracted gonorrhœa and infected her on her return. That woman is now suffering from gonorrhœal inflammation of the mucous membrane of the entire genital tract. He thought that galvanism was a very valuable remedy in these cases.

DR. HIGBEE agreed with Dr. Cowperthwaite respecting the value of galvanism.

DR. H. C. LEONARD said that in a certain class of cases the acute symptoms of urethritis subsided, leaving a hyperæsthesia of the urethral canal. In those cases, *lachesis* was almost a specific.

DR. C. B. KINYON said that in cases of fissures of the urethra he had found no more brilliant cures than those resulting from the application of the nitrate of silver solution. If a physician was not capable of applying the solution to the bottom of the fissure and keeping it there, he was not capable of treating the disease at all.

DR. GEO. F. ROBERTS, of Minneapolis, protested against the impression given by the remarks of several of the gentlemen who had addressed the Section. He did not believe that gonorrhœa was as serious a disease as they claimed. From an extended experience, he would say that in ninety-nine cases out of a hundred it runs a perfectly benign course.

The remarks of the speakers would lead us to infer that if a woman has salpyngitis or pyo-salpinx, she has had gonorrhœa. The majority of cases of gonorrhœa get well in spite of the doctors. They are not influenced by treatment. From an extended experience in both schools of medicine, he was able to make this assertion. Cases progress and take their natural course, and in nine cases out of ten, get well absolutely. To the few serious cases mentioned by Drs. Ludlam and Comstock, there are thousands of others which have gotten well absolutely. Four out of five cases of gonorrhœa in the female are not treated at all.

DR. LUDLAM said in reply, that he had not made such sweeping statements as had been attributed to him by Dr. Roberts. He acknowledged, however, in his desire to be a reformer dealing with a great evil, that he had exaggerated somewhat. He claimed that gonorrhœa did not often infect the bladder, but that it did travel the other way and involve the lining membranes of the uterus and

Fallopian tubes. When it did so, it was attended with very serious results.

DR. COMSTOCK expressed surprise that Dr. Roberts should state that ninety-nine out of a hundred cases of gonorrhœa recovered of themselves. He still thought gonorrhœa a very serious disease. He thought it most unfortunate that the laity regarded it as a very slight one. He wished to combat Dr. Roberts's idea. It was a far more serious disease than syphilis. He would rather treat ten cases of syphilis than one of gonorrhœa. Sterility is very apt to occur in gonorrhœal cases where the disease had excited an epididymitis or prostatitis.

DR. C. B. KINYON then presented his paper; he was followed by Dr. Ludlam, who discoursed on "Some Anomalous Affections of the Urinary Organs in Women."

The speaker said that the non-inflammatory affections of the bladder were of far greater frequency in women than in men. They are also less easily differentiated and far more difficult to cure. The reason for this lies in the fact that the relation between the structure and the functions of the bladder are not of a fixed character. He protested against the treatment of this class of cases by any routine method. The limited number and the similarity of the symptoms, as well as the varied causes of the anomalous urinary affections, have been so many stumbling-blocks in the way of their cure, for they so often bear so close a resemblance to organic disease as to be extremely deceptive and misleading. There are four classes of causes for these peculiar affections of the urinary organs in women. They are: (1) The intra-vesical and urethral; (2) the mechanical; (3) the reflex; (4) the constitutional. In the first class the bladder becomes intolerant of even a small quantity of urine. The symptoms here depend upon irritability of its so-called sphincter, and of its muscular walls. Sometimes this irritability is rheumatic, sometimes it is choreic, but it is more often hysterical and reflex. In excited conditions of the mind the bladder may become so irritable as not to be able to hold any considerable quantity of urine, especially at night. This condition is most frequently found in highly neurotic subjects. The symptoms may depend in other cases upon the quality rather than upon the quantity of the urine. Some of the best cures the speaker had ever made depended upon the discovery of sugar in the urine. The speaker next referred to vague pains in the hips and in the hypogastrium, and of pains that radiate from the meatus urinarius, in women who are approaching the menopause; also, who have pains in the region of the bladder and vulva, that are drawing and intermittent, and that interfere with walking, exercise and coitus. These symptoms are almost certain to depend upon the presence of a vascular growth or growths at the mouth of the meatus. If large enough, these growths may cause retention of urine in single women. Of the external causes of vesical irritation the most common is the forward inclination of the fundus uteri. Other forms of uterine displacement that excite the same symptom are prolapsus, retroversion, the forward pressure of the womb by retro-uterine growths, effusion, pelvic hæmatocele, and the dragging of the bladder upwards by the gravid uterus, fibromata, ovarian cysts, etc. The possible adhesion of the bladder to all sorts of pelvic and abdominal tumors makes vesical irritation and suffering a very common symptom in their clinical history. He next referred to the urinary symptom met with in pregnant women. He next spoke of the effect of cancer of the uterus in producing urinary symptoms, saying that pressure of the tumor on one or both ureters, or by infiltration of the peri-uterine tissues, obstructs

the flow to the bladder and occasions vesical suffering. These urinary symptoms are the rule and not the exception in cases of uterine carcinoma. A most troublesome source of mechanical irritation of the bladder is the pressure induced by the small-sized fibroids that are sometimes seated between it and the uterus, being an outgrowth from the latter organ.

In fashionable young women the habit of tight lacing and the wearing of clothing suspended from the waist, and not from the shoulders, is a common cause of bladder mischief. Failure to attend promptly to the calls on the bladder is a frequent cause of mischief. There is a nervous cause of vesical irritability in women, and that is, the being in company of uncongenial people. Other general nervous causes of urinary distress and suffering are the jar and the trembling, vibratory motion experienced while riding in a railway coach; forced or unseasonable intercourse, and the peculiar irritability that sometimes precedes the menstrual flow. Functional derangements of the digestive organs sometimes occasion an extreme irritability of the bladder by changing the character of the urine, but more often, perhaps, through the reflex sympathy that exists between them. Urinary troubles may also depend upon rectal disease, as inflammation, ulceration, spasm, or constriction of the rectum. The constitutional causes include those depraved and debilitated conditions of the general system in which there is a low vitality, and an increased tendency to nervous affections generally. Anæmia is a frequent cause of this class of troubles, and whether it follows menorrhagia or too frequent child-bearing, or being over-worked and under-fed, as some of our women are, the result is the same. There is a marked tendency in some patients to contract bladder trouble on being chilled in the least. Malarial conditions, also, might beget urinary symptoms. Similar troubles of the urinary organs in women may result from tuberculosis, especially if the peritonæum be attacked. The puerperal dyscrasia, the effect of repercussed eruptions, and the hysterical diathesis, are also among the constitutional causes of these anomalous affections, that are in no way associated with organic change or with the inflammatory process.

This paper was discussed briefly by Drs. O. S. Runnels, A. Claypool, E. M. Howard, A. C. Cowperthwaite, after which the Section adjourned.

SECTIONAL MEETING IN SANITARY SCIENCE.

The Bureau of Sanitary Science held its Sectional Meeting at which Dr. J. W. Dowling presided, and the following papers were read and discussed: "Climate in Its Relation to the Preservation of Health," by Bushrod W. James, M.D., Philadelphia, Pa.; "Relation of Work and Rest to the Preservation of Health," by H. E. Beebe, M.D., Sidney, O.; "Sewer Gas and Its Effects Upon Health," by J. E. Gilman, M.D., Chicago, Ill.; "Clothing in Relation to Health," by T. Y. Kinne, M.D., Paterson, N. J.; "Food and Drink in Their Relation to Health," by J. W. Dowling, M.D., New York, N. Y.

AFTERNOON SESSION.—ADJOURNMENT.

The Institute met in general session at 3 P.M. The first thing in order was the supplementary report of the Bureau of Organization, Registration, and Statistics, the chairman of which reported that

there had been 201 members and 136 visitors who had been in attendance on the meeting and had registered.

The President then announced the following committees:

On Railroad Fares.—H. C. Allen, I. T. Talbot, B. W. James, A. C. Cowperthwaite, and G. A. Hall.

On Local Arrangements.—W. W. Danforth, T. Y. Kinne, Jos. Lewis, Lewis Sherman, C. A. Pennoyer, C. G. Higbee, and E. H. Pratt.

On International Convention.—Last year's committee was continued.

Organization of Prover's Clubs.—Conrad Wesselhœft, E. M. Howard, T. Y. Kinne, J. W. Dowling, Seldon H. Talcott.

On Pharmacopœia.—Last year's committee continued.

On Legislation.—I. T. Talbot, H. M. Paine, F. H. Orme, J. P. Dake, and C. M. Dinsmore.

On Literature.—J. C. Burgher, R. Ludlam, H. M. Smith, and C. H. Hoffman.

Inter-collegiate Committee.—I. T. Talbot, Chairman.

Directors of Provings.—To remain the same as last year.

Pharmacy.—E. M. Howard, A. R. Wright, and W. Y. Cowl.

Medical Education.—T. Y. Kinne, D. H. Beckwith, R. W. McClelland, and C. B. Kinyon.

The chairmen of bureaus were appointed as follows, after which a memorial service for the deceased members was held, and the Institute adjourned:

Dr. E. O. Kinne, of Syracuse, *Materia Medica*; Dr. J. W. Dowling, New York, *Clinical Medicine and Special Therapeutics*; Dr. T. G. Comstock, *Obstetrics*; Dr. T. Y. Kinne, *Sanitary Science*; Dr. S. P. Hedges, Chicago, *Gynæcology*; Dr. C. Bartlett, Philadelphia, *Pædology*; Dr. C. M. Thomas, Philadelphia, *Surgery*; Dr. J. T. O'Connor, New York, *Anatomy, Physiology and Pathology*; Dr. A. P. Williamson, New York, *Psychological Medicine*; Dr. J. A. Campbell, St. Louis, *Ophthalmology, Otology and Laryngology*.

CONIEN POISONING.—During the course of a pharmacological lecture, Prof. Schultz passed around among his auditors a well-corked bottle of conien. Notwithstanding the precautions advised, one of the students inhaled the vapor from it, and was shortly afterwards taken with general malaise, excessive weakness, severe headache, flightiness of mind, and copious general perspiration. After thirty-six hours he had recovered from his experiment.

EDITORIAL.

THE MEETING AT LAKE MINNETONKA.

THE session of the American Institute of Homœopathy, recently held at Minnetonka, was a pronounced success in every particular. The general character of addresses, scientific papers, and discussions was good, as the reader may judge for himself by perusing our reports of the same. The social attractions at the meeting were unusually great, owing to the untiring labors of the physicians of the "twin cities" in their efforts to entertain their visitors. The success that met their efforts was remarkable when we come to look at the smallness of their numbers; but when we take cognizance of the remarkable unanimity of sentiment existing among them, we need not feel surprised, for "in union there is strength."

The addition of one hundred and twenty-four names to the membership of the Institute was certainly gratifying, and exhibits the interest manifested by the West in the Association.

The election of Dr. Sawyer to the presidency was a well-deserved compliment to a man to whom Michigan homœopathy is greatly indebted. In connection with his election was called forth a review of the great legislative fight in that State, a fight of such bitterness that it is to be hoped the like of which will never again be encountered. This fight began forty-two years ago, at which time a bill was introduced into the Michigan Legislature making it a State's prison offence to practice medicine according to the homœopathic law. This bill actually succeeded in passing one of the Houses before it was discovered by the friends of homœopathy, and by them defeated in the other House only after judicious efforts on the part of our friends.

In 1853 the first efforts were made before the Legislature of the State to secure recognition of homœopathy in the teaching at the State University, but without success. In 1855, however, the friends of homœopathy succeeded in having the Legislature enact a law requiring the Board of Regents to "always maintain at least one chair of homœopathy in the medical department of the University of Michigan." This the regents failed to do. The question was then taken by mandamus to the Supreme Court of the State, requiring the Board of Regents to show cause why they did not comply with

the law of 1855. The Supreme Court neglected to take action, however, and once more we were beaten.

During the session of 1867 the homœopathists went to the Legislature with an amendment to the law giving one-twentieth of a mill on the dollar of all taxable property of the State for the support of the University, "Provided the Board of Regents would comply with the law of 1855, and appoint at least one professor of homœopathy in the Medical Department of the University." This bill became a law, and remained a law for two years. This new law locked up a large portion of the income of the University just so long as the regents refused to give the homœopathists the recognition to which they were entitled. It was then that the regents agreed to comply with the law of 1855, providing homœopathists would use their efforts to secure the repeal of the law of 1867. This was done. The regents, however, only made an apparent attempt to fulfil their part of the contract, for they appointed Dr. Charles J. Hempel, Professor of Theory and Practice of Medicine in a branch of the medical department which they proposed to open at Detroit. When, however, they presented their warrant for funds, the auditor-general of the State demurred on the ground that they had not complied with the law. They then appealed to the Supreme Court, which, failing to take action as in the former case, prevented the regents from getting the money they expected.

Notwithstanding the numerous attempts by our physicians, discouraged by their attempts to introduce homœopathy into the State university, to establish medical colleges in different portions of the State, there were others, among whom was Dr. Sawyer, who clung to the original plan to force the regents to place one or more men of our school on the grounds of the university at Ann Arbor. Finally, in 1871, a bill requiring the regents to appoint at least two professors of our school was passed, but the latter, taking advantage of a technicality, refused to make the appointments. The case was now taken to the Circuit Court, and afterwards to the Supreme Court, but without success.

After the Legislature assembled in 1875, a bill was introduced asking for a homœopathic college, to be located in such a place as would furnish the greatest inducements, by way of funds, grounds, etc., to be under the supervision of the Board of Regents. This bill was amended mainly through the efforts of Dr. Sawyer, so that all after the enacting clause was cut off, and the bill which had passed the Legislature the session previous was substituted, a provision for

\$6000 being added for expenses. The authors of the original bill united with Dr. Sawyer on the substitute, which passed the House and Senate when it came up for consideration. At the meeting of the Board of Regents held in June, 1875, that body agreed to comply with the law, and then organized a homœopathic department in the university.

Throughout this long fight, Dr. Sawyer was engaged in constant warfare with the enemies of our cause, sparing neither labor nor money in the accomplishment of his purpose. It may be said to his honor, that from his self-sacrifice he has reaped no advantage beyond that secured him by the bestowal on him of the respect and good-wishes of his professional friends throughout the country.

NEW PUBLICATIONS.

ATLAS OF VENEREAL AND SKIN DISEASES. By Prince A. Morrow, A.M., M.D. New York: William Wood & Co., 1889.

This magnificent work of art is now complete. It is an addition to that most valuable branch of our literature, "object teaching," so far superior to any verbal or written description. On this account it comes next to the clinic and experience, many of the colored plates being strikingly life-like. It is superior to every-day experience or clinics inasmuch as nearly every form of these diseases is presented. There is an excellent descriptive text with it, the disadvantage being the inconvenient size of the work for reading.

There are fifteen parts, each containing five colored plates. The illustrations are from photographs by the author and from the works and collections of such well-known men as Kaposi, Neumann, Fournier, Ricord, Cullerier, Vidal, Unna, Keyes, Hyde, Piffard, etc.

SURGICAL BACTERIOLOGY. By Nicholas Senn, M.D., Ph.D. Philadelphia: Lea Brothers & Co., 1889.

In this work the well-known writer has brought together in a concise form the extensive and scattered literature on this very important subject. After some general considerations each special form is discussed separately and the methods of preparing and staining given. It is a handy book of reference and besides is well written and worthy of study. There are thirteen illustrations, some of them colored.

THE PATHOLOGY AND TREATMENT OF DISPLACEMENTS OF THE UTERUS. By Dr. B. S. Schultze. Translated by Jameson J. Macan, M.A., M.R.C.S., and edited by Arthur V. Macan, M.B., M.CH. New York: D. Appleton & Co., 1888.

The author has a strong way of putting his ideas which inspires confidence, and gives the impression of their having been arrived at after considerable *personal* experience and close observation, rather than that of others. After each chapter follows a summary which makes it convenient for reference. In the chapter on pessaries is found the greatest variation from the opinions of our writers. The author's pessaries are of course given the principal recommendation, Hodge's and modifications receiving little favor. At the time of the original publication, the author used almost exclusively the wire ring covered with soft rubber, these being molded into the shape desired, but mentions in the preface to the English translation the advantages of celluloid, being pliable when heated and cleanly. As a whole the impression received from this work is a good one.

GLEANINGS.

CONDUCTED BY

S. LILIENTHAL, M.D.,

E. M. GRAMM, M.D.,

W. W. VAN BAUN, M.D.,

E. W. MERCER, M.D.,

H. I. JESSUP, M.D.,

AND THE EDITORS.

COCAINE EPILEPSY.—A morphia habitue, æt. 37 years, endeavored to break himself of his habit. To do this he began the use of cocaine, which he took in rapidly-increasing doses, without, at the same time, diminishing the quantity of morphia. Finally he took two grammes of morphia and eight grammes of cocaine daily. The latter drug was not well borne at first, but he soon became used to it. Six months after beginning the use of the cocaine in conjunction with the morphia his memory began to fail, and maniacal fits set in. In one of these he fell down unconscious, and remained in a tetanic condition for five minutes, and then began to fight and kick about the floor. His eyes were opened and looked directly forward; he made efforts to bite others; perspiration was profuse. These attacks repeated themselves sometimes as often as two in a day. Some lasted for ten minutes, others for over an hour. After an attack he slept for from eight to ten hours. After fruitless attempts to wean him from his habits he was placed in an asylum, where he was deprived entirely of the use of the drugs which he had so abused. In three months' time he was discharged cured. On his return home he again began the use of the cocaine. The fits returned; in one of these he died.—*Deutsche Med. Wochenschr.*, 12, 1889.

POISONING BY ROBURITE.—Dr. Ross reports several cases of poisoning by roburite, a new explosive agent used for blasting in coal mines, and the chief constituent of which is di-nitro-benzol. The following is a brief account of the most typical of the half dozen cases recorded in the paper before us: The patient was aged 42 years; he had been a miner for many years, had always enjoyed excellent health, and had always been a temperate man. Five months previously he had commenced using roburite, and soon noticed smarting of his eyes and face. This was followed by headaches, and in about two months he began to complain of numbness of his finger-tips and toes, shortness of breath, and palpitation; more recently he had suffered from shooting pains in his legs, his grasp had become feeble, and his legs heavy and weak. He had lost flesh, become drowsy and apathetic, and his urine was very high colored. He was a well-built man, face extremely pale, lips of a bright-blue tint. His fingers and toes felt numb, but there was no affection of the cutaneous sensibility. The intrinsic muscles of the hand were somewhat wasted, and the grasp of his hands was not what it should have been. The patient had lost all spring and elasticity in walking, but his feet did not drop. He complained of twitchings of the legs, especially when in bed; the knee-jerks were absent, the plantar reflex was normal, the cremasteric absent, and the patient stated that he had lost all sexual desire. The special senses were unaffected. His field of vision was not contracted and his color perception was normal. The urine was high-colored, containing a deposit of pink urates and a trace of bile; his conjunctivæ were slightly jaundiced. His blood was examined with the spectroscope, and it was found that the two bands to the violet side of the D line were not reduced to one on the addition of ammonium sulphide so quickly as in the blood of a healthy man. He rapidly improved when he desisted from his occupation. Dr. Ross points out that the nervous phenomena—the muscular weakness, loss of knee-jerks, etc.—must be referred to peripheral neuritis.—*London Medical Recorder*, May 20, 1889.

GALVANIC TREATMENT OF TRIGEMINAL NEURALGIA.—Ziehl, after quoting Erb to show the utter powerlessness of galvanism to cure certain cases of tic, narrates an interesting case of the kind in which a permanent cure was brought about, after all other treatment had failed, by the continuous current, applied for as long as an hour at a time. The electrodes had each 25 square centimetres of surface, and were

applied one on each side of the head (the anode being on the painful side), so that the Gasserian ganglion was between them. The strength of the current was about $1\frac{1}{4}$ milliamperes, the current thickness, in C. W. Muller's phraseology, being about $\frac{1}{16}$. But whereas Muller electrifies for about a minute, the current was applied in the above case for about an hour at a time. Whereas shorter sittings, though some lasted thirty minutes, had failed entirely to give relief, the above treatment made the attacks milder and fewer gradually, till they ceased altogether after eight sittings. Fifteen months have elapsed without any recurrence. The author was at first rather uneasy about the possible effect on the brain of such a long application of the current, but is now more confident on the subject. Ziemssen has already recommended thirty minutes. These neuralgias are extremely capricious in their behavior, both as regards the faradic and the constant current, and this case teaches us not to give up electricity too soon in treating such, but to vary it. The faradic brush had previously given ease, but only for four months, and it had no effect at all when the pains recurred. The patient had been driven almost mad by pain, and even had ideas of suicide.—*London Medical Recorder*, May 20, 1889.

ANTHRAX TREATED BY SPRAY OF CORROSIVE SUBLIMATE.—A woman, aged 25 years, was admitted to the hospital for the treatment of an anthrax on her neck. It was extremely painful; the temperature was $38\frac{2}{3}^{\circ}\text{C}$. Hot poultices aggravated. As she refused to have the anthrax incised, a spray of corrosive sublimate, 1:2000, at a distance of 25 centimetres, was made to play on the parts for twenty-five minutes, three or four times daily. A compress soaked in a solution of the same strength was kept in contact with the diseased part during the intervals between the applications of the spray. The pains began to subside on the first day; at the same time the surrounding redness paled. On the third day the tumor felt softer, was less sensitive to pressure, and pus exuded from some spots. The urine showed 1.35 per cent. sugar. On the fifth day the tumor was only half its former size, and gangrenous tissues could be readily removed with a pincette. On the sixth day there was a clear suppurating surface, with healthy granulations; under the use of iodoform, this wound healed in a few days.—*Med. Chir. Rundschau*, 8, 1889.

[We have cured many an anthrax by using Kallenbach's *calceis murias*, dissolving an ounce of the drug in a quart of water, and keeping cloths saturated with the solution steadily applied to the anthrax. At the same time the sixth or thirtieth potency of the same drug may be administered internally; or, if symptoms seem to indicate it, *calcium sulphide* or *silicea* may be prescribed.—S. L.]

DANGER IN CHLOROFORM ANÆSTHESIA BY GAS-LIGHT.—The question has been raised, whether injury can result from the burning of illuminating gas in the chamber in which chloroform is administered. Langenbeck has already observed that operations by gas-light may become dangerous from the formation of the irrespirable compound COCl_2 during the vaporization of the chloroform. Other operators have reported instances of chloroform anæsthesia under gas-light, in which unpleasant symptoms were experienced by both the operator and his assistants. While the vitiation of the atmosphere is so evident to the attendants, it is not so to the patient, while he is under the effect of the anæsthetic. Sudden asphyxia may, however, supervene, either while he is still narcotized, or when, on recovery from narcosis, the soothing influence of the chloroform is withdrawn from the nervous centres and the respiratory organs.—*Medical Record*, May 25, 1889.

STRETCHING OF THE SPHINCTER ANI FOR THE CURE OF OBSTINATE CONSTIPATION.—In habitual constipation the muscular fibres of the rectum and of the upper sphincter have lost their tone, whereas, the tone of the external sphincter is preserved. The latter thus inhibits the exit of the retained feces. Dilatation of the sphincter ani removes this obstacle. It is especially useful in cases in which the constipation has followed the excessive use of purgatives and enemata.—*Wein. Med. Presse*, 18, 1889.

THE DOCTRINES OF HIPPOCRATES.—The doctrines of this old master have become revived in the present day. Many of us hail with delight his expression of fever as a conservative process. With Hippocrates, the whole patient is sick, and not a single organ. He gave strong expressions concerning the importance of individualization of all cases. Our highest aim is not science, but to become healers. The chief remedy is diet. To cure, the physician must be an artist in healing, and he can only become such by constant practice and personal talent. In a word,

he must be a clinician. Our present era must return to the doctrines of Hippocrates. —*Berlin. Klin. Wochenschr.*, 18, 1889.

[Hahnemann read and studied the works of Hippocrates; but who at the present day takes the time to delve into such ancient literature? How many physicians of our school have ever read Boenninghausen's aphorisms on Hippocrates? It should be a pleasure to study the works of these two great healers. With the acceptance of the doctrines of Hippocrates by men of scientific attainments, let us hope that they will go still further and accord to the sage of Coethen the honors to which he is entitled.—S. L.]

MENSTRUATION AND PREGNANCY.—St. Moulin, of Brussels, reports two very interesting cases of exceptional character. The first one was that of a girl twenty-one years of age, whose menses had always been regular. Though her abdomen gradually increased in size, she did not think that she was pregnant, because of the continuance of menstruation. Labor finally came on, and she was delivered of a living child at full term. The other case was that of a girl twenty-four years of age, who had never menstruated, and therefore thought herself in no danger of conception; consequently, she exposed herself. She became pregnant and was delivered of a large and healthy girl.—*Journ. d'Accouch.*, 18, 1889.

SYPHILITIC INFECTION OF THE FŒTUS FOURTEEN YEARS AFTER THE PRIMARY INFECTION.—Barthelemy exhibited at the Hôpital St. Louis, a child four months of age, whose parents had acquired syphilis fourteen years before. Though anti-syphilitic treatment had been insufficient, their syphilis ran a very mild course, and they experienced very few syphilitic manifestations. Their first child, born three years after their marriage, died from meningitis at the age of seven years; the second had a syphilitic eruption at the end of the second month; the third succumbed to cholera infantum; the fourth died in its first month, of broncho-pneumonia; the fifth had an interstitial keratitis three days after its birth. This, the sixth child, showed an extensively distributed papular syphilide. At the time of conception, the parents did not show any syphilitic symptoms. In the discussion that followed the exhibition of the case, Fournier observed that he had met with cases of syphilitic infection from parents to children seven, eight, ten, fifteen and even twenty years after the primary infection in the parent. He believes that children born fifteen years after the primary lesion in the parents are not free from danger from hereditary disease.—*Wiener. Med. Presse*, 17, 1889.

NIGHT-SWEATS IN PULMONARY PHTHISIS—Rosenbach, of Berlin, makes the claim that night-sweats of phthisis may be much relieved by the following treatment: For several hours at night a bladder moderately filled with ice should be placed upon the abdomen of the patient. Most patients, even though the rise of temperature may have come on early in the evening obtain great benefit from it.—*Berlin Klin. Wochenschr.*

HEART COMPLICATIONS IN GONORRHOEA.—Docens Dr. A. Gluzinski, in a recent number of the *Przegląd Lekarski*, gives some interesting details with respect to affections of the circulatory organs depending on gonorrhœa. The frequent occurrence of joint affections in connection with gonorrhœa had long been known, whereas complications connected with the serous membranes of the internal organs, such as that of the heart, were unknown till recently. Brandes, in 1854, first published two cases in which gonorrhœal rheumatism was followed by endocarditis and pericarditis respectively. Sigmund observed two cases of gonorrhœal rheumatism of the joints in women, with subsequent pericarditis. Since 1872 the number of observations became larger and larger, so that Dr. Gluzinski has found records of 31 cases. The following conclusions might be derived from these observations: (1) Pericarditis as well as endocarditis might supervene in the course of gonorrhœa. (2) These complications might develop after gonorrhœal rheumatism, but also without the presence of such an affection. (3) The complaint often assumes the character of a severe infectious disease, as in endocarditis ulcerosa, runs an acute course, and sometimes gives rise to failure of the heart. The fact that, of the thirty-two cases published, in only two were the patients women, might be explained by the suggestion that in the case of acute rheumatism in the female sex the presence of a simultaneous gonorrhœa was less frequently inquired for. As to the casual connection of the affections of the heart with the urethral affection, Dr. Gluzinski argued that it must not be supposed that these complications were analogous to orchitis or cystitis

set up by extension of the inflammatory process *per continuitatem* or *per contiguitatem*. Dr. Gluzinski thought the following the most probable explanation. Since the discovery by Neisser of the gonococcus, which was the pathogenic micro-organism of gonorrhœa, the synovial fluid in cases of gonorrhœal rheumatism of the joints has been repeatedly examined for specific micro-organisms. Different results have been obtained by different investigators. Some who believe they have discovered a specific microbe, consider the rheumatism to be a direct result of the gonorrhœa. Others, again, who have failed to find gonococci or other pyogenic micro-organisms in the synovial fluid, regard this affection as a secondary one due to the penetration of pyogenic micro-organisms owing to a lesion in the urethral mucous membrane. It was very probable that the same organism, after it had got into the circulatory system, produced in the serous membranes of the heart affections analogous to those in the joints. This hypothesis was confirmed by the case published by Weichselbaum. In that case gonorrhœa was complicated with endocarditis and cardiac failure, and the streptococcus pyogenes was proved to be present in the vegetations on the valves. Dr. Gluzinski said that complications did not always occur in so acute a form as the endocarditis ulcerosa or pericarditis acuta. In eight cases which he had observed, these complications were of a very mild character. The patients complained of "stitch" in the left chest, and palpitations of the heart. There was accelerated and increased action of the heart, and frequently also a slight circulatory crepitation *râle*. In spite of the most careful examination, no other affection could be detected but gonorrhœa. These cases mostly ran a rapid and mild course, and might very easily be overlooked. They deserved the greatest attention, however, as endocardial murmurs and cardiac failure came on in two of these cases. In the majority of these cases, rheumatism was either quite missed or came on after the cardiac affection had set in. In all these cases there was gonorrhœa of long standing. Gluzinski concluded that just as acute affections of the heart occurred in acute gonorrhœa, mild diseases of the serous membranes of the heart could also supervene in the course of chronic gonorrhœa.—*The British Med Jour.*, January, 1889.

THE RELATION OF DUSTY OCCUPATIONS TO PULMONARY PHTHISIS.—Dr. Wm. B. Canfield states that the dust inhaled by miners in badly ventilated mines gradually overcome the action of the ciliated epithelium, and penetrated to the alveoli of the lung, whence they found their way into the sub-epithelial layer, where, unless rendered harmless or devoured by the greedy phagocytes, they set up a fibroid condition of the lung. Most writers agree that the fibroid condition is a barrier to the growth and multiplication of the bacillus. The doctor then relates the case of a miner who had a fibrosis of the lungs, and in whose sputa bacilli were always found at every examination, and yet this man improved and is now well. The patient had no previous history of, or predisposition to, tuberculosis. He had contracted a disease with which tuberculosis is supposed to be very rarely found, and although he had tubercle bacilli in abundance in his sputa, he is now entirely well.—*Medical Record*, May 18, 1889.

CREASOTE IN PULMONARY PHTHISIS.—Von Driver (*Berl. Klin. Woch.*, 1888, No. 35) has been employing this agent in a great number of cases of phthisis for the past three years. He gave it mixed with alcohol, as recommended by Fräntzel, and the dose was increased, according to the results obtained, until the maximum dose—0.75 grm. (11½ grs.)—was reached. The author summarized as follows: 1. Creasote, as a rule, is well borne when it is begun in small doses, well diluted, and given at meal-times. It was better borne, when the patients grew accustomed to its taste, in mixture than in capsules. 2. Appetite and digestion were usually favorably influenced by the drug, especially when abnormal fermentation took place in the stomach or in the intestines. Tubercular diarrhœa, however, could not be stopped with it for any length of time. 3. An undoubted influence upon the tubercular fever the author did not observe in a single case, notwithstanding accurate measurements of the temperature were taken. 4. Just as little influence could be observed from the treatment on the tubercular processes of the lungs. The improvement that was observed was due entirely to a bettering of the hygienic surroundings. 5. Admitting some exceptions, the treatment by creasote finds its indication in those cases only which have scrofula for their foundation, and are of a torpid nature. The patients affected with this form of phthisis present, in spite of a poor and perverted appetite, a fair proportion of adipose tissue, suffer very little with cough, though they may have considerable expectoration, and have very little tendency to fever and night-sweats, although the lungs may be breaking down

pretty rapidly. The author has seen a marked improvement of all symptoms in these cases when creasote was administered, and he is of the opinion that the treatment of phthisis by this agent in the future will be solely limited to this class of cases.—*N. Y. Medical Journal*, June 1, 1889.

ANATOMICAL BASIS OF THE PHTHISICAL HABIT.—Rudolph Frels, of Munich (*Deutsche Medicinal Zeitung*, April 4, 1889), states that he believes that the following anatomical changes should be considered as the basis of the disease: 1. Narrowing of the upper section of the thorax, especially with shortening of the upper sagittal diameter. 2. Smallness of the heart and narrowing of the great arterial trunks, and especially of the pulmonary artery. 3. Disproportion between the volume of the heart and that of the lungs. The doctor does not dwell on the cause of these anatomical changes.

CARCINOMATOUS LYMPHANGITIS OF THE PLEURA AND LUNGS WITHOUT CANCER OF THE LUNGS.—In a case of carcinomatous lymphangitis of the pleura and lungs observed by Girode, cancer of the stomach and pancreas was found. There were also secondary nodules in the liver and advanced degeneration of the abdominal and mediastinal glands. There were no secondary nodules in the lungs. The disease ran its course in about two months. Death resulted from asphyxia.—*Arch. Gen. de Med.*

PROGNOSIS OF CARDIAC DISEASES.—Leyden divides heart affections into functional disorders, disorders of the cardiac muscle, and lesions of the valves. In the first class of cases we meet no anatomical alterations; they may therefore be considered benign, though they may occasionally give rise to sudden death following some sudden emotion. It may at times be very difficult to differentiate these dynamic diseases of the heart from those in which anatomical lesions are present, as angina pectoris and morbus basedowii.

Lesions of the cardiac muscle are of the greatest importance, though they are often thrown together under the name of myocarditis; thus we have hypertrophy and dilatation of the heart, and weakness and insufficiency of the cardiac muscle; often we meet with several of the muscular affections combined. Hypertrophy of the heart is really not a disease; on the contrary, it is often advantageous. The prognosis in dilatation of the heart is more grave, though some cases are cured along with the acute disease which gave rise to them, at least those in which the left ventricle is affected. Chronic dilatations, even when limited to the left ventricle, have an ominous significance. Weakness of the cardiac muscle is of frequent occurrence; it is frequently encountered during the course of long-continued acute disease. Chronic insufficiency is more frequently observed in persons suffering from valvular lesions, from arterio sclerosis, and from fatty degeneration of the heart. The prognosis is bad.

The prognosis of valvular lesions is the most important of all. Some German authors report cases in which lesions of the mitral valve, especially those following chorea, have been cured. Lesions of the aortic valves rarely permit of a favorable prognosis. The question arises what does one mean by cure? Is it the complete and permanent disappearance of the cardiac souffle without the production of other abnormal phenomena. When the insufficiency of the aortic valves is accompanied by a shrinking of the aortic orifice, the murmur may disappear and yet the insufficiency of the valves continue. The same is true respecting insufficiency complicated with arterio-sclerosis. The question might be asked: Can a person suffering from such an aortic lesion appear to enjoy average good health? We may give unhesitatingly an affirmative answer to this question, for we often find cardiac murmurs in persons entirely ignorant of their infirmity. The most unfavorable prognosis is to be given in cases of diseases of the aortic valves complicated with arterio-sclerosis. Shrinkage of the mitral valves is always bad, but less so than insufficiency. Intensity of the murmurs has but little significance.—*Berliner Klin. Wochenschr.*

OINTMENT FOR RED HANDS.—An excellent ointment for red hands is the following:

R. Lanolin,	. . . . .	100 grms.
Paraffin (liquid),	. . . . .	25 grms.
Vanillin,	. . . . .	0.01 grms.
Ol roseæ,	. . . . .	gtt. j.

M. S.—Apply a thin coating of this ointment to the hands at bed-time.—*College and Clinical Record*, June, 1889.

MASSAGE OF THE MIDDLE EAR.—Reinhard and Ludewig report that massage of the middle ear, when the seat of exudation, has had good results. The treatment consists in rubbing downward from the mastoid region to the shoulder, in the course of the chief lymphatics of the neck, for from five to ten minutes daily, morning and evening, with the hand well annointed with an emollient.—*Medical Standard*, June, 1889.

SUBACUTE LARYNGITIS PRODUCED BY IODIDE OF POTASSIUM.—Dr. F. D. Hudnut reports the case of a man with syphilitic rhinitis, for whom iodide of potassium was prescribed in doses of ninety grains daily. After taking the drug for about three weeks, his general health improved very much. No symptoms of iodism were observed, unless it was a slight increase in the action of the bowels, and an appreciable metallic taste. He was then taken with an attack of subacute laryngitis. His voice was very hoarse. The parts were well cleansed with Dobell's solution, and sprayed with *argenti nitras*, twenty grains to the ounce. This treatment doing no good after several days, the use of the iodide of potassium was abandoned. On going without the drug for three days, there was a decided improvement. He was then ordered to resume the iodide. In three days more he could not speak above a whisper. The iodide was then stopped and in a week the patient was well once more. The treatment of the syphilitic condition was continued with smaller doses of the potassium iodide (ten grains three times a day), and these gave rise to no trouble.—*Brooklyn Medical Journal*, May, 1889.

SKIN VARNISHING IN MAN AND ANIMALS.—Some interesting experiments were recently made by Dr. Tecontjeff, of St. Petersburg, on the effect of applying a varnish impermeable to air, to the skin of human beings. They were carried out on twenty-three healthy persons, six of whom were annointed with an irritating pomade, eight were covered with a gelatinous compound, and nine with a mixture of diachylon and lard. Eighteen of the subjects were adults, and the remaining five were youths between twelve and fifteen years of age. For some time prior to the experiments, careful observations were made as to respiration, temperature, sensibility and cutaneous reflexes, the body-weight and excretion of urine. They were then placed in the recumbent position, and the entire body, excepting the head, and in some instances the palms of the hands, covered with the composition five times in the twenty-four hours. The material was left on for from two to seven days. At the same time the skin of three rabbits was covered with gelatine or diachylon. These animals died in from two to seven days with the characteristic symptoms following varnishing of the skin in animals. Although the experiments were carried out on individuals of different ages, different constitutions, different habits and at different temperatures, none of the symptoms which followed varnishing of the skin in animals were observed. The appetite and the intestinal functions were unaffected, and the subjects expressed themselves as feeling perfectly comfortable, especially those who were covered with the gelatinous mass. Some diminution of sensibility was noticed, accompanied by complete prostration—a point which scarcely bears out the assertion as to feeling comfortable. The author concludes that in man, contrary to what occurs in animals, varnishing of the skin entails no real risk, at any rate for any period of time likely to be required for therapeutic purposes.—*Medical Press and Circular*, May 15, 1889.

PSORIATIC SYPHILIDES.—Nozo asserts (*Thèse de Paris*, 1888), that psoriatic sypilides always indicate the presence of a grave variety of syphilis and that they occur most commonly in cachetic subjects. In some cases they may appear as late manifestations of the disease; and their development is favored by old age, alcoholism, congenital or acquired dryness of the skin, and perhaps, also, by gout. Cases occur concerning which even the most expert diagnostician may be in doubt as to whether the eruption is the ordinary psoriasis or a specific eruption.—*Archiv. fur Derm. und Syph.*, 2 Heft, 1889.

PICHI IN GONORRHEAL PROSTATO-CYSTITIS.—F. Gundrum describes a very severe case of prostatitis in which all therapeutic measures were futile until he administered much diluted fluid extract of pichi. It was given in thirty-drop doses three times per day and caused the severe symptoms to disappear as if by magic.—*Therapeutic Gazette, Archiv. fur Derm. und Syph.*, 2 Heft, 1889.

ICE IN THE SICK ROOM.—A saucerful of shaved ice may be preserved for twenty-four hours with the thermometer in the room at 90° F. if the following precautions are observed: Put the saucer containing the ice into a soup plate, and cover it with another. Place the soup plates thus arranged on a good heavy pillow, pressing the pillows so that the plates are completely embedded in them. An old jack-plane set deep is a most excellent thing with which to shave ice. It should be turned bottom upwards, and the ice shoved back and forward over the cutter.—*Sanitarian*, June, 1889.

A NEW SYMPTOM INDICATIVE OF FŒTAL DEATH.—Recently a new proof of the death of the fœtus has been brought forward, and this is the presence of peptones in the urine of the mother—that is, she has peptonuria.—*Northwestern Lancet*, June 1, 1889.

THE ARTIFICIAL EYE-SHELL AFTER THE OPERATION FOR SYMBLEPHARON.—The opinion is almost universally held that any attempt to keep the surfaces separate by any mechanical contrivance, after dividing a symblepharon, will prove futile. To show that this opinion is sometimes erroneous, Dr. T. R. Pooley relates a case of symblepharon in which, after dividing the adhesions, he inserted an artificial eye-shell. The symblepharon, which was found to consist of two bands, was freely dissected from the eye-ball, so that the lid was easily lifted from the globe, the *cul-de-sac* being fully sutured. The glass shell, shaped exactly like an artificial eye, was then introduced, care being taken to have it thoroughly clean, and to have one sufficiently large so that the lower surfaces were kept apart. It was allowed to remain twenty-four hours before its removal, and caused so little discomfort that it did not interfere with the patient's sleeping, and she could see through the glass to find her way about. The shell was allowed to remain for a week, only removing it three times a day for the purpose of cleansing the eye and the shell. After that the shell was worn at intervals only. The patient remained in the hospital for one month, and then was discharged—both surfaces having then entirely cicatrized. The lid was entirely free from the globe except a narrow band, which could be seen when the lid was forcibly raised so as to expose the bottom of the *cul-de-sac*.—*American Journ. of Ophthalmology*, March and April, 1889.

TRICHINOSIS OF TWENTY-SEVEN YEARS STANDING.—A patient with œsophageal cancer who recently came under the treatment of Senator, of Berlin, died. At the autopsy, the entire body was found crowded with trichinæ. There was not a single fibre of tissue in which hundreds of the spiral parasite could not be found; in a single muscular flap weighing one and two-third grains, two hundred and eighty trichinæ were counted. The clinical history of the patient showed that in 1862 he had become infected with trichinæ and had made, as was supposed, a recovery. Since then he had attended to his duties with but few interruptions, his only ailment being occasional rheumatic pains.—*Med. and Surgical Reporter*, June 1, 1889.

HÆMORRHAGE INTO THE CERVICAL REGION OF THE SPINAL CORD.—At a recent meeting of the N. Y. Neurological Society, Dr. W. M. Lezinsky presented the history of a case of this affection. The patient, a clerk, aged nineteen, had wrestled violently with a room-mate, had become exhausted and had lain down and slept half an hour. He awakened with a dull pain between the shoulders and had had wrist drop on both sides. In twenty minutes all four extremities had become paralyzed. During the first week there was loss of control of the sphincters. In three months he had improved so that he could walk without assistance, the left hand and arm being, however, decidedly paretic. At present there was partial paralysis of the left sympathetic, producing contracted pupil and increase in surface temperature; there were paralysis and atrophy of the muscles of the left hand with degenerative reaction, and those of the thenar group of the right were also atrophied; both hands were cyanotic; there was no sensory disturbance; the tendon-jerks in the arms were increased; and there were also a few changes in the lower extremities. He thought the lesion to be an intramedullary hæmorrhage into the lower cervical segment of the spinal cord, followed by transverse myelitis.—*N. Y. Medical Journal*, May 18, 1889.

ABORTIVE TREATMENT OF PANARITIUM.—Kappesser has aborted many cases of panaritium by the following simple treatment: Take a handful of fresh wood-ashes; pour upon it a quarter of a litre of boiling water, so as to get a strong lye. As soon

as the patient feels the characteristic pains of the panaritium, with hammering and throbbing, the hand should be put in the hot lye, after which it is covered with compresses soaked in the solution. It may be necessary to repeat the procedure once or twice.—*Berlin. Klin. Wochenschr.*, 19, 1889.

AN OINTMENT FOR SCABIES.—Prof. Paul, of Paris, recommends the following:

R. Sapon. med.,	. . . . .	100.0
Ol. petræ,	. . . . .
Alcohol,	. . . . .	aa 50.0
Ceræ alb.,	. . . . .	40.0

S. Soap the whole body with this for three or four times daily and the itch mite will be destroyed.—*Bull. Med.*, May, 1889.

THE RELATION OF PNEUMONIA TO INCARCERATED HERNIA.—Pietrikowsky, of Prague, says: After the reduction of incarcerated hernia by taxis or operation, pneumonia of embolic origin often develops. Out of four hundred of incarcerated hernia, pulmonary manifestation occurred in fifty-two cases. The pulmonary symptoms were observed especially in cases in which there was no advanced changes in the intestines, and in which the hernia could be easily returned either by manipulation or operation. It was never seen where the intestine became gangrenous, nor in cases of omental hernia, nor in cases of short duration, because of the absence of circulatory disturbances. Pietrikowsky produced hernia in animals and operated them. After awhile the animals were killed; autopsy showed hemorrhagic infarcts in the lungs, more or less pronounced, according to the degree of existing circulatory disturbance in the incarcerated intestine. All the thrombi giving rise to the pneumonia, arise from the strangulated intestine and its mesentery.—*Münch. Med. Wochenschr.*, May, 1889.

MORPHIA POISONING.—A woman of 54 years of age, who had previously suffered from hystero-epileptic attacks, was after a severe attack of meningitis, troubled with hallucinations. On account of a crural neuralgia, she received 0.05 of morphia. This rendered her unconscious for two days. When she came to on the morning of the third day she could not speak. This was followed by agraphia and alexia. On the sixth day sacral decubitus appeared, for the recovery from which, four months was necessary. During the hallucinations memory was very dull, and she failed to recognize even her own family. After six weeks' treatment her mental condition approached the normal. The neuralgic pains yielded to the galvanic current.

PHOSPHORUS POISONING.—Lauschman reports four cases of phosphorus poisoning in which icterus was observed. In one case in which this symptom was absent, the poison had been removed from the stomach by emesis. The jaundice did not appear in any of the cases prior to the third day, and generally not until the end of the first week. Of his five cases three were fatal. Autopsies showed fatty degeneration of the liver, kidneys, heart and the muscular coat of the stomach. In one case hæmorrhage into the subcutaneous cellular tissue and the serous membranes occurred.

THE PROGNOSIS AND TREATMENT OF DIABETES.—Worms has been able to keep forty-one cases of diabetes under observation for years. Of these, five died of phthisis, two from pneumonia, one from hepatic cancer, two from nephritis, one in diabetic coma, and two from cerebral hæmorrhage. Death took place after the diagnosis of confirmed glycosuria had been made: thrice after twenty years, four times between twelve and nineteen years, thrice after about eleven years, once after two years, and in a child, after two years. Among the twenty-nine survivors, most of them had suffered from the affection for periods varying from ten to twenty years. The influence of heredity in the production of diabetes is still problematical. In regard to diagnosis but little distinction can be made between chronic glycosuria and diabetes mellitis. In closely studying a case of diabetic coma which recovered, Worms observed the curious fact that during the coma, the sugar nearly disappeared from the urine, and reappeared in large quantity when the dangerous symptoms passed away. Diabetic patients should be taught to make daily examinations of their urine. Thus they will find that the quantity of sugar excreted is extremely variable. As regards treatment, the chief thing is to keep up strength and preserve the integrity of the digestive function. When the quantity of sugar diminishes, the diet need not be so rigorously followed as at other times. Saccharin disorders digestion, and therefore should not be used. Quinine has been the chief remedy used by Worms in the treatment of his cases of diabetes.—*Semaine Med.*, 20, 1889.

MONTHLY RETROSPECT

OF HOMŒOPATHIC MATERIA MEDICA AND THERAPEUTICS.

CONDUCTED BY

CHARLES MOHR, M.D., AND EDWARD R. SNADER, M.D.,

WITH THE COLLABORATION OF

S. LILIENTHAL, M.D.,

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PROVINGS.

CROTON TIGLIUM.—At 8.15 o'clock in the morning, a large and powerfully built man bit off about one-quarter of a seed of the croton tiglium and chewed it. The taste produced was, at first, not disagreeable, but in a few seconds it resembled that of a stale walnut, whereupon he spit it out. In about five or ten minutes, during which time he swallowed a number of times to get rid of the bad taste, he noticed a severe burning, scratching sensation on the back part of the tongue and throughout the whole pharynx, with a sensation of heat in those parts. In the following fifteen minutes the burning gradually extended down the œsophagus to the stomach, where almost unbearable drawing pains were produced. At the same time nausea occurred, and a cold sweat broke out upon the forehead, although there was no vomiting. To the pains in the stomach there was added increased peristaltic motions of the intestines. He felt and heard distinct rumbling in the abdomen. About 9 o'clock violent colic and urging to stool appeared. Later, a rapidly expelled, watery stool was voided. The burning sensation in the throat persisted. The action of the remedy continued until noon, during which time nine or ten evacuations from the bowels occurred. Other symptoms were not experienced. He had taken the remedy before he had eaten any breakfast.—*Allg. Hom. Zeitung*, No. 19, 1889.

THERAPEUTICS.

POTHOS FŒTIDA IN "EPILEPSY."—Dr. S. A. Jones relates an exceedingly interesting case in the *Homœopathic Recorder* (reprinted in the *N. Y. Medical Times* for June) cured by ten-drop doses of the tincture of *pothos foetida* (skunk cabbage), prescribed on the symptom "inflation and tension of the abdomen." The case simulated epilepsy very closely, although some hysterical symptoms were apparently intermixed. Dr. Jones frankly acknowledges he did not diagnose the case.

PLUMBUM IN INFANTILE PARALYSIS.—Dr. W. R. Amesbury gave *calcareæ phosphorica* 3x, to a sixteen-months-old boy, suffering from paralysis of the right leg, with atrophy of the muscular structures. The foot was everted, the heel retracted, and the limb was dragged along. The lime salt improved the general health, but *plumbum* 6x trituration, with local inunctions of cod-liver oil and arnica cerate, cured the case. The cure was completed in two months.—*New England Medical Gazette*, June.

IRIS VERSICOLOR IN SICK HEADACHE.—Dr. L. L. Helt cured speedily, with *iris versicolor* 3, a chronic sick headache. Following are some of the symptoms: "The way I know an attack is coming on is, I feel so tired and drowsy that I can go to sleep at any time or place, and my sight becomes dim, but not one bit of pain yet." These premonitory symptoms lasted for twelve or twenty-four hours, and then vomiting began, always from 3 to 4 A.M. The stage of vomiting lasted about twelve

hours, and was followed by the most excruciating headache, or by severe pain and great distress in stomach and abdomen (if one is present the other is absent). At about the third day she was able to sit up some. The attacks came on at irregular periods; sometimes once, then twice, per week, then omitted for three weeks.—*Medical Advance*, June.

KALI BICHROMICUM IN HEADACHE.—Dr. C. M. Boger cured with one prescription of *kali bichromicum* 2x a headache characterized by total blindness a few moments after rising, the blindness passing off; being quickly followed by a violent headache, with tearing, drawing pains in the vertex, gradually decreasing and disappearing at sundown. The bones of the head felt sore.—*Medical Advance*, June.

NUX VOMICA IN CEPHALALGIA.—Dr. W. R. Amesbury cured a chronic headache occurring in a printer aged twenty-five, who had had headache ever since he could remember, with *nux vomica* 2x. Following are a few of the symptoms: Must go to bed on account of the headaches; nausea, sometimes vomiting sour liquid; small, red pimples on the forehead, that grow large and become angry and painful during the headache; pain chiefly in the forehead, working up over the head and resting in the back of the neck; pain began in the morning, gradually increased through the day, and subsided in the evening; better moving about; worse when sitting after moving; pressure relieved.—*N. E. Med. Gazette*, June.

A SUBJECTIVE EYE SYMPTOM OF TELLURIUM.—"Tellurium 31, in water, two or three times daily for four days, removed a feeling as if the lashes of lower lids were turned in."—Dr. E. W. Berridge, *Homœopathic Physician*, June.

RHUS TOXICODENDRON IN OPHTHALMIA.—A servant maid of scrofulous constitution got a "cold in the left eye" about a week before applying for treatment. The eye had all the week been red, especially in the outer side of the cornea, and at the time of the first examination was intensely injected. Running up to a small vesicle, about one-eighth of an inch from the margin of the cornea, were large red vessels. There was a feeling as of sand in the eye, and the lids stuck together a little in the morning. Sulphur gave no relief. After two days' administration of *rhus toxicodendron* 30, only a very slight trace of redness was left, and the vesicle had disappeared.—"Clinical and Therapeutic Notes," *Monthly Homœopathic Review*, June.

HEPAR SULPHUR IN DEAFNESS.—After pulsatilla had failed in a case of deafness involving both ears, but worse in the left, *hepar sulphur* 30 was prescribed, on the symptom "profuse discharge of thick cerumen," and rapidly cured the case. The removal of plugs of thick black wax had not improved the hearing.—"Clinical and Therapeutic Notes," *Monthly Homœopathic Review*, June.

ALUMINA IN GASTRIC DISORDERS.—With *alumina* 200, Dr. Clarence N. Payne cured a man, aged 32, of the following symptoms, of many years' duration, which had led the patient to apply unsuccessfully to every doctor in the town. A gnawing sensation about half an hour after eating, or a feeling as if he had not eaten anything; symptoms always aggravated in winter, and by potatoes, cabbage, and beans; tasteless eructations, sometimes relieving; fond of meat and fat food; no thirst.—*Homœopathic Physician*, June.

FERRUM PICRICUM IN CONSTIPATION.—Dr. Robert T. Cooper found that *ferrum picricum* regulated the bowels of a man to whom he had prescribed the drug for nasal and laryngeal difficulties.—*Homœopathic World*, April.

MAGNESIA PHOSPHORICA IN DYSENTERY.—Dr. H. K. Leonard, with *magnesia phosphorica* in hot water, relieved almost magically the terrible tenesmus of a bad case of dysentery. Mercurius corrosivus relieved the other symptoms, but failed to control the tenesmus.—*U. S. Medical Investigator*, January.

CALCAREA IN ENLARGEMENT OF LIVER AND SPLEEN.—In *L'Union Homœopathique*, April, 1889, Dr. Van den Berghe relates the cure of a child affected with a considerable enlargement of the liver and spleen, with ascites and purpura. Cuprum was given at first for the epileptiform seizures. The radical cure was effected

by *calcareo* 30 and 200, the indications for which are based upon the constitutional symptoms, notably a fontanelle which was slow in closing.

PTELEA TRIFOLIATA IN THE NAUSEA AND VOMITING OF PREGNANCY.—Dr. W. P. Robinson reports: "Woman, aged thirty-two, fourth pregnancy. During three former pregnancies nausea up to seventh month. Treated by old school physicians, but got no relief. Symptoms: incessant nausea, *worse lying down*, very seldom vomiting. Feels lazy, doesn't care about anything; forgets easily. Vertigo and accumulation of water in the mouth, *worse lying down*, or turning the head suddenly. A constant dull, frontal headache. No appetite, things she formerly disliked disgust her. A feeling as if a round stone were at the pit of the stomach. Feels full after a little food. Tired all the time, feels all broken up. Gave *ipecacuanha*³ with no relief. Four days after stopping *ipecacuanha* gave *ptelea trifoliata*³. It gave almost instant relief of all symptoms."—"Therapeutic Notes," *N. A. Jour. Hom.*, April.

SYMPHORICARPUS IN THE NAUSEA OF PREGNANCY.—In the case of a young lady three months advanced in her first pregnancy, who was suffering from a deathly nausea with vomiting and retching so prolonged and violent as to produce hæmatemesis, and the smell or thought of food was repugnant in the extreme, *symporicarpus* 200 stopped the vomiting and quieted her.—Dr. Edward S. Moffat, *Journal of Obstetrics*, May.

APIS MELLIFICA IN SEROUS CYSTS OF THE OVARIES.—Dr. Percy Wilde reports the cure of two cases of ovarian cysts by the internal administration of *apis* 3 dilution. In the first case the tumor was quite large, and a surgical operation was precluded by a co-existing cardiac lesion. In three weeks, palpation could discover no evidence of the tumor. Four years have elapsed and there has been no return.

The second case was in a young, otherwise healthy, married woman, who applied for treatment on account of an abdominal tumor. She presented the appearance of a woman in the sixth month of pregnancy. A well-defined tumor, rather to the right of the middle line, presented distinct fluctuation and "percussion thrill." The tumor felt like a bag of fluid from six to seven inches in diameter. The growth had appeared six months before and had been steadily growing larger. A surgeon had advised operation. She consulted Dr. Wilde to avoid surgical interference. *Apis* was given. She could not detect the presence of the tumor after the third week of treatment. Dr. Wilde examined the patient two years after the disappearance and found no tumor.—*Monthly Homœopathic Review*, June.

LILIUM TIGRINUM IN PROLAPBUS UTERI.—Dr. Thomas G. Roberts, with the 30th and 200th of *lilium tigrinum*, cured in three months a brunette of 28, who suffered from a severe form of prolapsus of the uterus. The complaint was of several years' standing, and the old school had used pessaries, injections, tonics, etc., without special benefit. Dr. Roberts employed no local treatment whatever. All the symptoms called for *lilium tigrinum*.—*Homœopathic Physician*, June.

BERBERIS IN NEURALGIA.—Dr. C. M. Boger reports that he treated Mrs. M., aged twenty-seven, who for nine months had suffered from what her several physicians had variously denominated as rheumatism, dyspepsia and neuralgia of the bowels. Each attack came on suddenly, without premonition, with a violent pain in the region of the right kidney, passing gradually over the crest of the ilium and terminated abruptly in the right supra-pubic space. At the acme of the attack she bent double and shrieked with agony. At the termination of the attack she passed a large quantity of bloody urine. In the intervals she complained greatly of weakness; mouth constantly full of sticky, bad-tasting saliva; tongue coated yellow; a sense of weight in the hepatic region; constipation, stool hard, every three days; yellow, muddy complexion. *Berberis* 3x, a powder every night for a week, relieved the pain and constipation, and she has had no return.—*Medical Advance*, May.

CARBO VEGETABILIS IN NEPHRITIS.—Dr. Van den Berghé relates the cure of a nephritis albuminurica with anasarca, resulting from cold following a bath. The subject was a butcher, aged 35, with a sanguino-lymphatic constitution. He had been sick for a year, complaining of pain in the kidneys and head, difficult digestion, with a sensation of strangling while swallowing. The urine was bloody, and contained large quantities of albumen. *Rhus*, *terebinth*, and *calcareo carb.* had no

effect. *Carbo vegetabilis*, given specially in view of the dysphagia, produced a radical cure. It has been nine months since the urine contained the least trace of albumen.—*L'Union Homœopathique*, April, 1889.

EQUISETUM IN ENURESIS.—*Equisetum*, given persistently, cured a case of enuresis of five years' standing.—"Current Clinique," *Medical Current*, May.

EQUISETUM IN PUERPERAL CYSTITIS.—Dr. St. Clair Smith, in an article on "Equisetum Hyemale," gives some results with the remedy in cystic troubles, and relates the following case of cystitis during the lying-in period, caused by the introduction of a catheter, the case exceeding in suffering anything the doctor had ever witnessed. The desire to urinate was constant, and was attended by the most troublesome pain, causing the patient to cry out and often to faint during the effort. She would grow cold about the extremities and face, which was pale and sunken, and a cold perspiration would stand on her forehead. The urine was scanty, high-colored, and was mixed with blood and pus. After cantharis, prunus spinosa, pareira brava, uva ursi, and other remedies had been tried in dilutions, fluid extracts, and tinctures, the doctor gave *equisetum* 30, with immediate and permanent relief.—*North American Journal of Homœopathy*, May.

STAPHISAGRIA IN IMPOTENCY.—"Four or five drops of the tincture of *Staphisagria* every three or four hours, will cure many cases of impotence."—*American Homœopathist*, July.

SENEGA IN POST-SCARLATINAL NEPHRITIS.—The urine is albuminous, loaded with mucus, is frothy, separates into strata when cooling. *Senega* is most suitable when the effusion is in the serous cavities.—Dr. Wm. Owens, Sr., *American Homœopathist*, July.

PHYTOLACCA AND HYDRASTIS IN TUMOR OF THE BREAST.—With these two medicines, in low dilutions, Dr. Harmar Smith in three months cured a tumor of the mammary gland, about the size of a Tanger orange and very hard, in a woman near the climacteric.—*Homœopathic World*, May.

HOANG-NAN IN EPITHELIOMA.—Dr. J. S. Mitchell has had some experience with *hoang-nan* in the treatment of cancer, attacking especially the mucous surfaces or intumescer-mucous margins, and believes that the drug will prove a curative remedy in many cases.—*Medical Era*, May.

ARSENICUM IN CANCER.—Dr. J. S. Mitchell reports some cures and not a few ameliorations of carcinomatous growths (many confirmed by microscopical examination) from the internal administration of *arsenicum* 3x trit., and the local application to the open wound of the 2x trit. He regards the arsenicum as particularly indicated when the integument is attacked by the malignant growth.—*Medical Era*, May.

HYPERICUM AS A LOCAL REMEDY IN CHANCROIDS.—Dr. A. R. McMichael reports cases of chancroids so sensitive that even the application of water gave intense pain. Likewise sores in the mouth with the same sensitiveness. Calendula and vaseline could not be borne. *Hypericum* relieved at once. The remedy was of equal service in old ulcers of the leg with the same sensitive condition. He always uses it with calendula.—"Therapeutic Notes," *North American Journal of Homœopathy*, May.

ARNICA AS A REMEDY FOR THE BAD EFFECTS OF CELLULOID WEAR.—"As regards *arnica montana*, internally and externally, for bad effects of celluloid collars, cuffs, etc.," I have found it excellent.—Dr. W. R. Amesbury, *New England Medical Gazette*, June.

CARBOLIC ACID IN POST-SCARLATINAL NEPHRITIS.—Dr. Wm. Owens, Sr., in an article entitled "Therapeutics of Post-Scarlatinal Nephritis," writes as follows of *Carbolic acid*. "It gives us, first, copious flow of urine followed by diminished flow, passing on to enuresis. The color of the urine is dark green, or very highly colored, bloody, and smoky. The urine may be alkaline or slightly acid. Of other symptoms we have: frontal headache, sensation as if a rubber band were drawn tightly across the forehead and temples; disinclination for all mental work; pale face, livid countenance; cold, clammy sweat; loss of appetite; a desire for whisky or stimulants."—*American Homœopathist*, July.

THE HAHNEMANNIAN MONTHLY.

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SUPRAPUBIC LITHOTOMY WITH A REPORT OF THREE CASES.

BY SIDNEY F. WILCOX, M.D., NEW YORK CITY.

(Read before the New York County Homœopathic Medical Society.)

MY excuse, if one is necessary, for reporting these cases, is that the operation of suprapubic lithotomy is now becoming at least a well thought of operation, if not a popular one. Every operation receives its impulse, or achieves popularity, according to its proportion of successful results, and these can only be known by the publication of the reports of cases.

After the elaborate and learned papers read before this society by Professors Helmuth and Doughty, giving, as they have, the history and description of, and the arguments for, the operation, it is unnecessary for me to enter into these details to any extent.

A careful study of the literature of the subject presented during the past year, leads me to think that the following conclusions may be accepted as a fair summary of the opinions held by the best surgeons of the day.

A. ADVANTAGES OF THE SUPRAPUBIC OVER THE PERINEAL METHOD.

1. Large stones can be more safely removed and sometimes *only* removed by the high operation.
2. An enlarged prostate gland does not complicate the high operation.
3. Less technical skill is required in its performance.
4. There is no danger of impairing the sexual functions as in the

perineal operation. In boys this advantage is one of great importance.

5. The bladder can be sewed up in the suprapubic operation, and often unites by first intention, while in the perineal operation the wound must always be left to heal by granulation.

B. ALLEGED DISADVANTAGES.

1. Danger of wounding the peritoneum. With proper precautions and skilful management this danger is inconsiderable, and is counterbalanced by the danger of wounding the rectum in the perineal operation. Still, there are conditions which may render it difficult or perhaps impossible to avoid this danger; these are where the bladder is contracted to such an extent that but very little water can be injected;* thus preventing the rolling upward and backward of the peritoneal reflection, and where there possibly may be an abnormally long fold of the peritoneum tending to cover the anterior wall of the bladder, even when filled with fluid.

2. Urinary infiltration is the greatest bugbear, and not without cause, for unless care is taken to prevent it, it is likely to occur. When the bladder walls can be *successfully* sutured, there is, of course, no danger whatever. Where this cannot be done, but drainage effected by means of a siphon and capillary drains, or by a catheter in the urethra, the danger is reduced to the minimum.

3. The presence of much fat in the abdominal wall has been considered an obstacle to the operation, but while this may complicate the operation to a slight degree, the fat probably acts as a bar to infiltration.

4. Rupture of the bladder or rectum may happen through over distension by the fluids used in injecting them. Two such accidents to the bladder are reported by Dr. E. Ultzmann, of Vienna, in cases in which the bladder was being filled for litholapaxy. Also seven other similar cases are reported.†

“Even a small quantity of fluid may cause the bladder to rupture (in two cases, 360 and 540 c.c., respectively). In each of these cases the bladder contained pus, and its muscular layer showed granular or fatty degeneration.

“Some bladders tolerate an enormous distension before rupture, in one case 2070 c.c. and in one of Dittel’s 5000.”

* *Annals of Surgery*, vol. ix., p. 16, 1889.

† *Annals of Surgery*, vol. vii., No. 4, p. 309, 1888.

With regard to rupturing the rectum, the danger is very remote. In an interesting series of experiments made on the cadaver by Albert B. Strong, A.M., M.D., of Chicago,* rupture of the rectum occurred only once, and that when distended with twenty-three ounces of water. Another case is reported in the same article in which twenty-four ounces of water were injected without rupturing the rectum.

In an operation for stone this would not be likely to occur, especially with a colpeurynter moderately distended with air.

So far as statistics go we cannot yet claim that in the actual number of cases, the suprapubic shows the lowest mortality rate.

The statistics of 514 operations for stone made by Dittel, of Vienna,† the suprapubic method showed a mortality rate of nearly eight per cent. higher than the lateral operation, and was not quite one per cent. below that of the median.

The mortality rate of the three operations stood as follows :

Median,	.	.	.	.	.	.	.	.	47.5 per cent.
Suprapubic,	.	.	.	.	.	.	.	.	46.15 "
Lateral,	.	.	.	.	.	.	.	.	38.46 "

We can easily account for this high rate by the fact that often the suprapubic operation has to be performed as a last resort after failure to extract the stone by other methods. In an article by Francis Watson, M.D.,‡ of Boston, on the "Treatment of Hypertrophied Prostate," in which twenty-five palliative and forty-eight radical operations for the relief of this condition are cited, the suprapubic method in both classes of cases was followed by a far higher rate of mortality than any of the other operations. This seems to militate strongly against the suprapubic operation.

There are a few points to be borne in mind in performing the operation. With regard to the rolling back of the peritoneal fold from the site of operation, Dr. Strong, in the article already mentioned, makes these remarks :

"Moderate distension of both bladder and rectum meets the indication the best; from ten to twelve ounces in the rectal bag, and eight to ten in the bladder, is generally enough and seems to be a safe quantity to use.

* *Annals of Surgery*, vol. vii., No. 1, p. 22, 1888.

† *Annual of Universal Medical Sciences*, 1889, vol. iii., p. 19.

‡ *Annals of Surgery*, vol. ix., No. 1, 1889.

"Dilatation of the rectum first and the bladder afterwards lifts the peritoneal reflection the highest.

"To meet the indication, the gut should be filled from the anus to near the promontory of the sacrum.

"The rectal bag should be sausage-shaped, of rather thin rubber, rather than pyriform and thick, for the thinness enables it to follow up the gut and makes uniform pressure throughout the entire length.

"Air injected into the bladder of a subject, lifts the bladder and its peritoneal reflection out of the pelvis better than water."

With regard to suturing the bladder, it seems to me that the rules given by Mr. Reginald Harrison, F.R.C.S., are good. He says: * "In male children after suprapubic cystotomy, I would advise the accurate adjustment of the bladder wound with catgut sutures, and the separate closure of the parietal wound with the use of a drainage-tube and an iodoform dressing. In young children it is, I believe, better to dispense with the catheter and to depend upon the accurate adjustment of the bladder wound by sutures. In adults, I would leave the wound in the bladder as well as in the parietes open, though the latter may be reduced in size by the insertion of one or two sutures."

A remarkable case of suprapubic lithotomy in a boy ten years of age, for a very large stone, is reported in the *HAHNEMANNIAN MONTHLY* for April, 1889, by James H. Thompson, M.D., of Pittsburgh, Pa. In this case he sutured the bladder with catgut, and removed the catheter from the urethra, and allowed him to urinate naturally after the first twenty-four hours. On the seventh day a small quantity of watery fluid came through the drainage-tube left in the abdominal wound, but as this did not occur again it was never determined whether it was urine or not. The patient was up about the room and well on the tenth day.

In none of my cases did I attempt to close the bladder, but depended entirely upon the siphon for drainage, as the catheter was not kept in the urethra at all in Cases II. and III., and only for a short time in Case I. I believe that Cases II. and III. might have been sutured successfully by using two rows of fine catgut sutures. Of course, after suturing, the case should be very carefully watched, and at the first symptom of an outbreak the wound should be cleansed and drainage provided for. I think it is safer to leave a catheter in

* *The Surgical Disorders of the Urinary Organs*, 3d edition, 1887.

situ for the first few days, as in that case no strain is put upon the bladder walls.

In the Cases I. and II. which I am about to give, it would have been impossible to have removed the stone by the perineal route. In Case III. it could have been done by either method, but with the risk of impairing the sexual functions, the child being so young.

CASE I.—Mr. J. T., aged seventy-one years, patient of Dr. L. L. Danforth, had been a great sufferer for a number of years, especially from enlarged prostate. Many symptoms indicating the presence of stone were present, and he had been sounded by a number of physicians without success.

Dr. Danforth had never sounded him, but on account of the great difficulty and suffering with which the bladder was evacuated, I was called to perform suprapubic cystotomy for drainage, and for fear that there might be a calculus present I was also prepared to remove it.

On July 12, 1888, I operated, assisted by Drs. Danforth and Knight, and Messrs. Lewis and Gadzikiau, medical students.

Mr. T. was an unusually fine-looking and well-developed man, but his face bore the marks of great suffering, and I was informed that his general health had greatly depreciated.

The patient being etherized, the pubes were shaved and thoroughly disinfected with a 1:100 bichloride solution. An examination of the bladder revealed at once the presence of a stone. The searcher was removed, and in its place a long prostatic catheter was introduced, and to this a stop-cock attached. A few ounces of boric acid solution 1:100 was injected, the escape of the fluid at the sides of the catheter being prevented by constricting the urethra about it by a broad piece of tape.

The colpeurynter, having been previously introduced into the rectum, was now inflated with air. The incision was made in the median line, running well down over the pubes. After separating the recti muscles the point of the catheter could be felt inside the bladder. The bladder wall being secured by a sharp tenaculum, an incision was made downward and forward behind the symphysis. The finger was introduced, and detected an enormously enlarged prostate gland, the middle lobe of which formed a high bar to the outlet of the bladder. Below this, in the deep hollow thus formed, lay a large flat stone fitting accurately into its bed. This stone was nearly the size and shape of an ordinary door knob, with one side slightly concave. It was very soft, and broke through the middle

during extraction. The portion which remained crumbled to pieces, adding much to the difficulty of removal. Much of the crumbled portion was scooped up with a long-handled silver mustard-spoon, and the rest washed out with a stream of bichloride solution. Besides the one large stone, the base of the bladder was encrusted with a layer of soft phosphatic deposit, which had to be removed by scraping with the finger-nail.

The parts being thoroughly cleansed, two catheters, tacked together at short intervals, as directed by Prof. Doughty,* were introduced; a soft catheter was also left in the urethra. This latter proved to be of little or no use, and was removed entirely on the second day.

Three deep stitches were placed in the upper part of the wound, but no attempt was made to close the bladder.

Although the operation had been long and severe, the patient reacted well, with no symptoms of shock. The whole amount of the material removed weighed about 700 grains, but, a portion of it being scattered, it was not all weighed.

I regret that the record, which was kept subsequent to the operation, has been lost. However, the condition of the patient was satisfactory for the first three days, although he had some rise of temperature and considerable pain from the inflamed prostate gland. On the third day he had a normal temperature, not much pain, and was feeling very happy over what seemed to be a successful result. The bladder was well drained by the siphon, and the wound healed well and closed up rapidly.

The next day, however, his temperature fell a little below normal, and from that time he began to sink gradually, and died on the sixth day.

Before he died he showed signs of some infiltration, and, in spite of the greatest care, the wound took on an unhealthy and sloughy appearance. Peritonitis set in on the last day, and the wound reopened the entire length.

CASE II.—James S., aged eleven years; father dead; mother living. Entered the Laura Franklin Hospital April 25, 1888.

History.—When the patient entered the hospital with his twin brother, who was admitted at the same time, both boys were suffering from strabismus, and were successfully operated upon by Dr. George S. Morton.

This patient was found to be suffering from persistent enuresis,

* *North American Journal of Homœopathy*, 1888, page 457.

which he said he had always had, and, on examination, finding that he had a long and contracted prepuce, I circumcised him. Curiously enough, he had little or no trouble from the enuresis for several days after the operation, when it returned, and he complained of pain in the back.

May 25. The urine was saved, and found to contain considerable pus. He also had some, but only slight, pain on urinating. This pain was never severe, nor did the patient have the usual aggravation of symptoms when moving about.

On June 5th I examined him under ether, with a Thompson's searcher, and immediately detected the stone, but, on account of the hot weather coming on, and the very small amount of suffering experienced, it was decided to wait until fall.

October 26. Operation of suprapubic lithotomy. Present, Profs. Helmuth and Doughy, and a section of the senior class of the college. The patient was etherized and the catheter introduced. The bladder contained 8 ounces of clear urine, free from pus. Nearly 8 ounces of a 1 per cent. solution of boric acid were injected into the bladder, the catheter withdrawn, and a sound introduced to act as a guide. The colpeurynter was inflated, and the bladder presented like a hard ball above the pubes. The usual incision was made in the median line, going between the recti muscles. The fat was pushed upward and the bladder wall brought into view.

This was rendered still more prominent by depressing the handle of the sound, and causing the beak to rise up from behind the pubis. The bladder was then caught up with a sharp tenaculum, and held while an incision was made downward and forward. The finger being introduced, detected the stone encysted in the left posterior wall of the bladder. It was caught in the forceps, but owing to its size and peculiar shape, the forceps had to be shifted once or twice before they could take the stone in its smallest diameter. Before extraction could be effected, the recti muscles had to be cut partly through, transversely, to give more room. The stone was dumb-bell shaped, 2 inches in length and 1 inch in diameter, and weighed 540 grains. It was a hard mulberry calculus, but covered externally with a white, frost-like layer of sharp crystals, making it a very rough stone. Why no more pain accompanied its presence in the bladder can only be accounted for by the fact that, being in a pocket, it could not slip about, and its edges come in contact with the vesical mucous membrane. The wound was simply drawn together by a couple of stitches at the upper end, but not closed.

The two soft rubber catheters, tacked together, were passed down into the bladder at its deepest portion, and the urine siphoned out through them. They were lengthened by a couple of lengths of rubber tubing, which passed into a basin at the side of the bed. The ends of these tubes were immersed in an antiseptic solution.

A one per cent. solution of boracic acid was ordered to be injected through one tube and allowed to pass out of the other every six hours, thus washing out the bladder and keeping the drains clear. Bichloride gauze dressing over the wound. Milk diet exclusively ordered. Patient reacted well from the operation; no shock.

HOSPITAL RECORD.—6 P.M., temperature 99.10°; midnight, 100°.

October 27. Patient did not sleep much during night; was very quiet, and said he had no pain except for a few minutes in the earlier part of the evening.

2d day. Temperature reached 103.4° at evening.

3d day. Highest temperature 101.2°.

There continued to be some pus in the urine for several days, but the patient did not complain of pain at any time. For the first week the diet was exclusively milk; after that farinaceous food was allowed. The drainage-tubes were not removed at all until the seventh day, when they became clogged up, causing a rise of temperature. They were then taken out, cleansed, and replaced.

9th day. One tube had to be removed entirely on account of the contraction of the fistula by granulation.

12th day. The other tube was also removed.

13th day. The patient sat up for an hour, and passed some urine through the urethra.

17th day. The dressing was left off during the day, as the patient seems to have control over the passage of urine through the fistula while awake, but not when asleep.

From this time on everything progressed favorably. There was a tendency to superabundant granulation, and the granulations had to be cauterized several times with fused nitrate of silver, and twice with a red-hot wire before cicatrization was complete; and it was not until March 1, 1889, that the cure was perfectly established.

CASE III.—Joseph K., aged nine years; parents living and have seven other children. Admitted to the Laura Franklin Hospital December 6, 1888.

History.—Five years ago the child began to pass blood in the urine, and had some pain in urinating. Was treated "off and on" with medicine, but never examined until yesterday at the Mount Sinai Hospital, when stone was discovered.

On admission to the (Laura Franklin) hospital, the patient seems to be in a fair condition, though pale and with a drawn look about the eyes. His mother states that he has not been able to sleep for months, on account of the pain, until last night, after the examination at the Mount Sinai Hospital (probably the stone was dislodged by the searcher), when he rested comfortably.

December 7. Examination under ether revealed the presence of stone.

December 8. Operation: suprapubic lithotomy. Present, Charles Martin, M.D., retired surgeon United States Navy, Dr. B. G. Clark, and a number of students. The details of the operation were much the same as already described in the previous cases.

After opening the bladder I found great difficulty in reaching the stone or in introducing my finger, the bladder being pressed so tightly up against the pubis. I was puzzled for a while to know what the matter was, but after a little I noticed that the colpeurynter was still in the rectum and inflated. On allowing the air to escape the bladder fell back away from the os pubis, ingress to the bladder easily obtained, and the operation quickly completed. Treatment of the wound as before. Evening temperature 99°.

December 9. Patient very restless all night, but quieter this morning after the wound was dressed. Temperature: A.M., 99.5°; M., 99.9°; P.M., 99.9°; little thirst; no pain.

December 10. Patient slept well during the night. Complaints of soreness on the left side of bladder on pressure. Some blood in urine.

The highest temperature was reached on the third day, and was 100.4°. On this day the wound became covered with a grayish unhealthy deposit, while the odor was that disagreeable combination of smells which comes from slough and diseased urine. I ordered frequent applications of a 1 per cent. solution of bromine. This quickly dissipated the odor, and restored the healthy appearance of the granulations.

On the seventeenth day the siphon tubes were entirely removed. Two applications of caustic were required to cause cicatrization.

On the nineteenth day the patient was about in a wheel-chair, and on January 22d (forty-fifth day) he left the hospital entirely cured.

I think the application of the bromine solution in this case saved me a good deal of trouble. Its action in removing the grayish deposit, and as a deodorant, was remarkable. I was led to its use by an article by Dr. M. O. Terry, of Utica, published in the *North American Journal of Homœopathy* for 1887, page 747.

THE ELASTICITY OF THE LAW OF HOMŒOPATHY.

BY THE LATE E. A. FARRINGTON, M.D., PHILADELPHIA.

(Read before the Hahnemann Club of Philadelphia.)

TRUTH is not narrow and restricted; it is broad and, in its own sphere, universal. It manifests itself in degrees, from a most superficial presentation to the most profound comprehension. One thing, however, is requisite: its essential qualities must obtain, or it is proportionately defective or even destroyed.

So with the law of homœopathy. In its sphere it is universal; in its acceptance it appears in all shades, from the crudest practice to the most skilful efforts of a Hahnemann. Still, there is a *sine qua non*, which is that there shall, somewhere, be a similarity between disease and drug.

Gradations in this law are not only such as may be expressed by the relative degree of fulness of acceptance—gradations comparable with the continuous fading of light from the brilliant centre to the boundary between light and darkness. Gradations in the law are also such as are expressed discretely, like the rounds of a ladder that represent distinct, progressive steps.

Two or three of these latter degrees are so clearly defined that I purpose considering them for a few moments in their bearing upon my theme.

Physicians who depend solely or chiefly upon so-called pathological indications in selecting a drug are certainly within the province of homœopathy, because they are, in a way, applying its law. They are seeking for fixed and definite similarities between drug and disease. They are mounted on one round of the ladder of true medicine.

Physicians who depend solely or chiefly upon so-called nutritive remedies are, doubtless, within the pale of homœopathy, for they are, after a fashion, applying its law. They seek the similar from among drugs that in normal quantities act physiologically, and in abnormal amount cause disease similar, in some features, to their known pathogenetic effects. They, too, are mounted on a round of the same ladder.

Physicians who depend solely or chiefly upon the *Organon* in prescribing are unquestionably within the domain of homœopathy, for their aim is to discover what may be aptly termed the *similimum*.

They are making the nicest possible application of the law of similars. They, necessarily, are mounted on a round of the ladder of genuine medicine.

But what are the essential differences in these three gradations that mark them as discrete? And which of them is the highest round, nearest to the fountain of truth? Let us see. All three classes claim that they take the "totality of the symptoms" from which the desired remedy is to be deduced. But they differ severally in the method of deduction. One picks out as characteristic the pathological changes; another, nutritive changes; the third, "the more prominent, uncommon, and peculiar features of the case." The first two rely mainly upon objective changes; the third upon subjective as well as objective. These essential distinctions characterize the three classes respectively when they, for one reason or another, step from their own round up or down on to another. If the pathologist gives any weight to a mental symptom, or to a drug effect he calls "contingent," it is always held in subordination to the pathological. If the follower of the *Organon* pays heed to pathological lesions, it is always with the reservation that the latter must be subservient to what he terms characteristics. And this brings me to my second question: Which of these is on the highest round?

Electively I decide for the Hahnemannian, and designate the round upon which he stands as that which gives the broadest and loftiest view of medicine ever yet obtained by mortal discoverer. His position is the only logical one, for he holds in his mental grasp all that is below him, and, moreover, knows just how to value every step below him, and so to determine their relation with the higher and the highest. He heralds with delight the discovery that arsenic can cause endocarditis; bryonia, pleurisy; mercurius corrosivus, Bright's disease; and kalmia, albuminuria. If he cannot possibly do any better, he is at liberty to descend from his height and employ one or the other of these drugs accordingly. But usually his command of *other and more interior effects of drugs* leads him to proceed more intelligently and to act more comprehensively. "I see," he says, "certain subjective and less ultimated objective symptoms that call more emphatically for another drug—for pulsatilla." "But," comes up the objection from the round below, "pulsatilla has not the pathological symptoms." "True, but it has important symptoms of the case, which I recognize as not mere reflex effects of the localized disease, but which rather bear a causative relation; and, besides, they are manifest in planes of molecular action, which necessarily hold to

the coarser parts the relation of cause to effect, and any drug applied to the local symptoms only will have but a partial and palliative effect."

Continuing the conversational style I have almost unconsciously drifted into, let me presume the pathologist asks: "How can your method ever result in a tangible, fixed therapeutics? Are you not doomed always to remain in the speculative?" "No," the Hahnemannian answers, "we rest on *terra firma* as well as you, even if we are not so anxious to measure out precisely where shall be our footing. Our method develops an objective therapeutics." "How?" "To illustrate, the world-renowned aconite owes its febrile usefulness to the method of Hahnemann. When Hahnemann first prescribed it, he knew little or nothing of its power to cause and cure synochal fever. He selected it from concomitant symptoms, guided by the rule of characteristics, and lo, soon it becomes an invincible fever-remedy. It does not clearly appear from the provings of hepar that the drug can hasten the formation of pus. Boils were developed, unhealthy sores suppurated, but the power of the drug over pus was deduced from such symptoms as intolerance of pain, parts feel sore as a boil, etc." "But," it is rejoined, "now that these objective and pathological facts are determined, are they not of paramount importance, and is it not homœopathy to use them?" "It certainly is homœopathy, but whether or not it is always pure homœopathy is another question. The same process of deduction that gave these facts existence still rules. Aconite is doubtless similar to synochal fever; indeed, experiments since Hahnemann's time have proved that it can cause chill, fever, and sweat; but to be the *similimum* in a given case aconite requires also the peculiar mental anguish and restlessness so distinctive of it, and not the quiet and torpor of some other inflammatory drugs." "Are not such subjective symptoms as you refer to incomplete, and when fully developed into their pathological ultimates do not the latter become all sufficient as indications?" "They certainly are incomplete in the sense that they are not ultimated; but since they originate the ultimates they do not cease their activity when the latter appear; they still hold the superior position of cause to effects; and, besides, they represent disease changes of a more interior character than do their ultimates—disease changes which, be it ever remembered, *may ultimate in more than one way*; hence, they are of a more universal value."

In this connection I cannot do better than quote the words of an allopath, Dr. Andrew Clark, who, while learning a wholesome

lesson for himself, is unwittingly re-teaching many a delinquent homœopathist what has long since been practically forgotten. I quote from the *HAHNEMANNIAN MONTHLY* of October, 1884 :

“We are so much concerned with anatomical changes ; we have given so much time to their evolutions, differentiations, and relations ; we are so much dominated by the idea that, in dealing with them, we are dealing with disease itself, that we have overlooked the fundamental truth that these anatomical changes are but secondary, and sometimes the least important, expressions or manifestations of states which underlie them. It is to these dynamic states that our thoughts and inquiries should be turned ; they precede, underlie, and originate structural changes ; they determine their character, course, and issues ; in them is the secret of disease ; and, if our control of it is ever to become greater and better, it is upon them that our experiments must be made.”

While, then, I admit that the law of homœopathy is elastic enough to give me quite a range of treatment, it is clear to me that my duty demands my earnest endeavor to employ, whenever I can, the purest and highest method of applying that great boon to humanity—the law of similars.

THE UNPROVEN IODIDES.

BY EDWIN M. HALE, M.D., CHICAGO, ILL

(Prepared for the Bureau of Materia Medica of the American Institute of Homœopathy, and read at the Annual Meeting at Lake Minnetonka, June, 1889.)

I HAVE chosen for my subject a few of the most important of the unproven iodides. The manner in which I shall speak of them may be a surprise to you, and I doubt if, at first, you will approve of my argument. I have not hastily arriven at the deductions which I claim. It has been the results of several years' study, during which, I have slowly come to the belief or theory which I am about to announce.

Innovators have not a pleasant time generally, but there *must* be innovators, or there would be no progress. The theories or doctrine of innovators cannot be disputed and relegated at once to the *limbo* of errors and delusions. They must be met by logical arguments, and these arguments must be based on scientific facts.

It has been an established dogma in our school that each chemical compound must be subjected to a physiological proving before we can use it as a therapeutic agent. It has been taught that every iodide must go through this process; that each iodide was a new and unknown drug, possessing powers not belonging to either of its component parts. Now, does it not occur to any of you that this dogma is unsupported by a single fact?

There has never been any argument set forth of a scientific character which is absolute or relative proof of such a theory.

Let us look candidly into this matter, and examine it as if there had never been such a theory propounded. Every simple chemical element is composed of certain individual molecules. They are unlike the molecules of any other substance. In these molecules reside all the powers and medicinal virtues of the element. The molecules of other elements may be similar in their atomic make-up, but they cannot be identical. For example, the substance iodine: its molecules are unlike those of bromium, chlorine, or any other element.

They are indestructible; they are unique; they can never be destroyed. You may break them up into atoms, but the atoms will reunite and form the molecules of iodine. You may unite them with the atoms of other elements, as mercury, sodium, or potassium, but the identity of the iodine molecules can never change their character. They will carry their peculiar medicinal power with them into all possible combinations. Their power never varies in quality, only in quantity. In the proto-iodide of mercury the atoms of each are in equal numbers; in the biniodide there are twice as many atoms of iodine as of mercury. The medicinal effects of the iodine are twice as intense in the bin-iodide as in the proto-iodide. The pathogenesis and medicinal effects of these two preparations prove this, and it is so understood by all who use them.

Now, in view of these facts, I contend that it is not necessary to prove any iodide, provided we have a good pathogenesis of the two elements of which it is composed. There is nothing in the pathogenesis of the iodides of mercury that should not be found in a perfect pathogenesis of iodine and mercury. The same can be said of the iodides of potassium, arsenic, iron, and calcium. If you will closely study the provings of these drugs, you will see that I am not wrong. The unproven iodides which seem most likely to be of value in therapeutics are the iodides of aurum, argentum, ammonium, antimonium, baryta, lithium, manganum, palladium, platina, phosphorus, sodium, sulphur, and zinc.

Now, if we had a complete and perfect pathogenesis of iodium, and as good provings of the drugs just named, we should not need to prove the compounds. Take the characteristic symptoms of any one, and combine them with those of iodium, and we would have a pathogenesis which may be called *synthetic*. I have compiled several of these pathogeneses, and used them as clinical guides in the study of remedies for disease, and I have been gratified with the results following their use.

The pathogenesis of iodium which I used is the "analysis" prepared by Dr. J. P. Sutherland, and reported to the Massachusetts Homœopathic Medical Society. It is a lamentable fact that iodine has a very imperfect and incomplete pathogenesis. It should be the duty of this bureau to institute new provings of this drug before we attempt to prove its compounds.

The first pathogenesis which I prepared under this method was the iodide of silver. I found it a very valuable and interesting remedy for many disorders, especially those of the throat, pharynx, larynx, and bronchia. It is indicated in some peculiar mental disorders, diseases of the glandular and nervous system, in many obstinate catarrhal diseases, and in some cardiac troubles.

I present this bureau with a *synthetic* pathogenesis of iodide of silver and one of the iodides of gold, taking the symptoms from Hering and Cowperthwaite. The latter, I predict, will prove the most important of all the unproven iodides. I have used the iodides of ammonium, barium, lithium, sodium, and sulphur as indicated by their synthetic pathogeneses, and have been highly gratified with the results. Many unproven iodides are in use in the practice of physicians of our school.

I find that they use them, not in a purely empirical manner, but from indications which they get from the provings of both elements. I suppose many members of this Association are using iodide of baryta. It has no provings, yet it is one of the most successful remedies for chronic lesions of the glandular system.

I hope this subject, which I have ventured to present to the Bureau of Materia Medica, will not be dismissed in a spirit of intolerance. If fairly discussed, I believe the theory or plan will be accepted. If it is, it will do away with the necessity or practice of alternating remedies, which is certainly not a desirable plan when we can get the same effects from a single drug.

It is now several months since the above was written. Since that

time I have had some clinical experience with the iodide of gold, and, as the test of the above theory will depend on clinical experience, I may be permitted to relate it in brief. In several cases of paresis, some syphilitic and senile, I got results which were very gratifying. It seems to me to act with greater power than any other iodide in cases of some old syphilitic conditions.

You are aware that gold has been found of great value in laryngeal spasm, both nervous and croupous. In one case, when membranous laryngitis seemed impending, and when the spasmodic condition was prominent, a few doses of the 1c trituration dissipated all the symptoms in a few hours. Now, these curative results could have been obtained, doubtless, by iodine and aurum in alternated doses, but such alternation was to be avoided by giving the single drug.

A SYNTHETIC PATHOGENESIS OF IODIDE OF SILVER.

Mind.—(a.) Increased cheerfulness and disposition to talk the whole day. (i.) Sadness with excessive nervous excitability.

Head.—(a.) He felt suddenly giddy, and as if a mist were before his eyes; attacks of vertigo; he cannot well control his senses; also when sitting or reflecting. Pressing pain in the forehead, with stupor, and drawing pressure in the occiput. Pressive, tearing pain in the region of the right and left temporal bone, increased by contact. Painful drawing in the left temple. A left-sided headache, as if in the brain substance, at first only slight drawing, but gradually becoming more violent and tearing, and at its culmination was raging as though a nerve were being torn into; this lasted from twenty-five to thirty seconds, and ended suddenly, at its greatest severity, at 8 P.M.

(i.) Vertigo, with throbbing in the head and all over the body, tremor at the heart, fainting; worse immediately after rising from a seat or bed, or by sitting or lying down after slight exercise.

Eyes.—(a.) The upper and lower eyelids are very red and thick; the eyes, however, do not suppurate. (i.) Protrusion of the balls, with œdematous swelling of the lids.

Nose.—(a.) Violent fluent coryza, without sneezing (after ten hours). Excessive fluent coryza, with frequent sneezing for two days. Tingling and itching in the nose, followed by bleeding. Drawing, tearing in the right zygoma. Tearing in the left zygoma. Swelling of the upper lip close under the nose. (i.) Violent sneezing and irritation of nasal mucous membrane, followed by fluent, watery, irritating catarrhal discharge, which becomes yellow, alternating with

stoppage of the nostrils. Epistaxis when blowing or touching the nose, which is tender to contact.

Face.—(i.) Face pale, yellowish, or greenish; sallow distressed countenance. (a.) Pressing and tearing in facial bones; drawing, tearing in right zygoma.

Mouth.—(i.) Bleeding of the gums; teeth covered with much mucus in the morning; offensive odor from the mouth, with salivation.

(a.) Dryness in the mouth; fœtid breath.

Throat.—(a.) The region of the submaxillary gland is swollen; this makes the neck stiff, and produces a tension in the parts when moved; deglutition at the same time is difficult, as if there were internal swelling of the throat; he is obliged to force every mouthful of food down his throat (after forty-eight hours). Viscid, gray, jelly-like mucus in the throat, which can be easily hawked up, early in the morning. His throat feels raw and sore; soreness and rawness in the throat during expiration and deglutition. When coughing, raw and sore in the throat, not in wind-pipe; nor when swallowing. When yawning, painful tension in the fauces as from swelling.

(i.) Constriction in the throat, impeding deglutition. Ulcers in throat, with swelling of glands of neck.

• *Stomach.*—(a.) Excessive appetite; continues even when the stomach feels full. Excessive gnawing hunger the whole day, which cannot be satisfied by eating; afterwards for several days, this hunger could only be allayed for a short time by eating. (i.) Ravenous hunger; cannot be satisfied. Nausea; vomiting renewed by eating. Heartburn after indigestible food. Swelling and distension of the abdomen.

Stools and Anus.—(a.) Frequent and successful desire for stool in the lower part of the rectum, with expulsion of a small quantity of soft stool, continuing for several days. Stool after dinner very dry and like sand, but passed without trouble (after eight hours). (i.) Diarrhœa, stool watery, foaming whitish mucus, alternating with constipation.

Urinary Organs.—(a.) Frequent desire to urinate, and copious emission of urine for several hours. (i.) Copious and frequent micturition.

Male Organs.—(a.) Crushed pain in the testicles, evenings in bed—crushed pain in the right testicle, even the pressure of the clothes increases the pain on walking. (i.) Swelling and induration of the testicles.

Female Organs.—(a.) Pains in the left ovary (right akis) and loins.

(i.) Uterine hæmorrhage renewed after every stool. Leucorrhœa, acrid, corroding the limbs, worse at time of menses.

Respiratory Organs.—(a.) Laughing produces mucus in larynx, and excites cough when going upstairs or stooping; mucus gets into the air passages, which is expelled by a single fit of coughing. Rawness and soreness in the upper part of the larynx, when coughing, not when swallowing. A dull cutting, which becomes a stitch, in the air passages, from below upwards, occasionally two or three fits of cough; it continues even after the cough; the cough produces a kind of watery expectoration, which, however, does not relieve the irritation to cough. Cough from laughing. Several attacks of a short, rattling cough by day, not in the night, nor in the open air, with white, thickish, easy expectoration, looking like boiled starch, but not transparent, without taste or smell. (i.) Hoarseness, with pain in the larynx and desire to cough. Tightness of respiration; difficult, especially inspiration. Dry cough, with stitch and burning in chest; sensation of weakness in chest.

Heart and Pulse.—(a.) Frequent spasmodic, though painless, twitching of the whole cardiac muscle, especially when lying on the back. (i.) Violent palpitation; worse from the least exertion. Constant heavy oppression in region of heart, with sharp, quick, piercing, movable pains. Great præcordial anxiety, obliging him to constantly change his position.

Generalities.—(a.) Soreness in the joints—hands, feet, fingers, and toes; great fatigue after walking; pains increase gradually and disappear suddenly. (i.) Emaciation, with great debility and prostration. Profuse night-sweats.

A SYNTHETIC PATHOGENESIS OF IODIDE OF GOLD.

Mind.—(a.) Disgust for life, suicidal tendency, despondent melancholy; he imagines he is unfit for this world, and longs for death, which he contemplates with internal delight. He imagines he has lost the affection of his friends; this makes him sad even unto tears. Great anguish coming from the præcordial region, and driving him from place to place, so that he can remain nowhere. Peevish and vehement, the least contradiction excites his wrath. (i.) Sadness, with excessive nervous excitability.

Head.—(a.) Vertigo, when stooping, as if turning in a circle; it goes off on raising the head; when walking in the open air, vertigo, as if he were drunk, and would fall to the left side; he was forced

to lie down, but even then for some time the vertigo returned on the slightest motion; rush of blood to the head, a kind of hypochondriacal intoxication. The bones of the head pained him on lying down, as if broken, so that all of his vital energy seemed affected.

(i.) Vertigo, with throbbing in the head and all over the body; tremor at the heart, fainting; worse immediately after rising from a seat or bed, or by sitting or lying down after slight exercise.

Eyes.—(a.) Sensation in the eyes when looking, as of violent heat, as if the blood pressed upon the optic nerve. Constant feeling of sand in the eyes. Burning, stitching, drawing and itching in the inner canthus of the eyes. Morning agglutination. Constant lachrymation. Redness of the sclerotica. Half-sightedness, as if the upper half of the vision were covered with a dark body, so that he can only see lower objects with the inferior half—upper objects remain invisible. He cannot distinguish anything clearly, because he sees everything double, and one object is seen mixed with the other, with violent tension in the eyes. (i.) Protrusion of the balls, with œdematous swelling of the lids.

Nose.—(a.) Redness and swelling of the nose. Ulcerated, agglutinated, painful nostrils, so that he cannot breathe through the nose. Swelling and redness of the right nostril, and underneath crust in the nose. The nostrils appear obstructed, although air passes freely through the nose. Burning, itching, stitching, and smarting in the nose. Soreness in both nostrils, especially when touching them. The right nasal bone and the adjoining part of the upper jaw are painful to the touch. Sensitive smell; everything smells too strong for him. Putrid smell in the nose when blowing it. (i) Violent sneezing and irritation of nasal mucous membranes, followed.

Face.—(a.) Burning stitches in the zygoma. Violent boring in the zygomatic process, when walking. (i) Face pale, yellowish or greenish; sallow, distressed countenance.

Mouth.—(a.) Putrid smell from the mouth. Bitter taste in the mouth, with sensation of dryness (after eight hours). Putrid taste in the mouth, as of spoiled game, between meals. (i) Bleeding of the gums; teeth covered with much mucus in the morning. Offensive odor from the mouth, with salivation. (a) Salivation (which differs from mercurial) in that there is no tenderness or ulceration of the gums.

Throat.—(a.) The parotid gland is painful to the touch, as if pressed or contused. Dull, pressive pain, either with or without swallowing, in a gland below the angle of the lower jaw. Stinging

soreness in the throat, only during deglutition. (i) Constriction in the throat, impeding deglutition. Ulcer in throat, with swelling of glands of neck.

Stomach.—(a.) Primarily, increase of appetite and digestive power, followed by distress in the stomach, increased by taking food; finally, total loss of appetite. Gastero-enteritis; withered, glazed tongue; pain in the stomach and bowels, with diarrhœa after eating. (i) Ravenous hunger; cannot be satisfied. Nausea; vomiting renewed by eating. Heartburn after indigestible food. Swelling and distension of the abdomen.

Stool.—(a.) Constipation, very hard knotty stool with excess of mucus in the colon and rectum (primarily). Diarrhœa,—day and night, especially after eating; stools green, gray, yellow,—with burning in rectum and anus. Hæmorrhoids, with burning, stitching, etc. (i) Diarrhœa; stool watery; foaming whitish mucus, alternating with constipation.

Urinary Organs.—(a.) Turbid urine, like buttermilk, with much sediment of mucus—thick urine, having a strong ammoniacal odor, and decomposing rapidly. (i) Copious and frequent micturition.

Male Organs.—(a.) Swelling of the right testicle, with pressive pain when touching or rubbing it; this symptom came on for several evenings at 6 o'clock, and ceased toward 11 o'clock (after five days). Pressive and tensive pain in the right testicle as from contusion. (i) Swelling and induration of the testicles.

Female Organs.—(a.) Menses too profuse and frequent (primary). Scanty and retarded (secondary). Irritation and swelling of uterus and ovaries. Increased sexual feeling with the profuse menses. No desire, and sterility, with scanty menses. (i) Uterine hæmorrhage renewed after every stool. Leucorrhœa acrid, corroding the limbs; worse at time of menses.

Respiratory Organs.—(a.) Adhesive phlegm in the larynx, difficult to hawk up. Frequently phlegm deep in the larynx, which he does not succeed in coughing up, even with the greatest effort. Dyspnœa, also when at rest, which cannot be relieved by any position; he constantly takes deep breath, and cannot inspire air enough. Dyspnœa, with dull stitches in the chest when inspiring. Excessive dyspnœa, with difficulty of breathing at night. (i) Violent palpitation; worse from the least exertion. Constant, heavy, oppression in region of heart, with sharp, quick, piercing, movable pains. Great præcordial anxiety, obliging him to constantly change his position.

Sleep and Dreams.—(a.) Awake the whole night, but without

pain. Nevertheless, no sleepiness or lassitude in the morning. Vivid dreams at night, which cannot be remembered. Frightful dreams about thieves, with loud screams while asleep. (i) Restless sleep, with anxious and disagreeable dreams.

Fever.—(a.) The fever is similar to mercurial fever, with profuse sweats; very abundant flow of urine and increased salivary secretion. (i) Flushes of heat, or alternation of chill and heat, rise of temperature; with great weakness, with sour night-sweats all over every morning, with profuse sweating of the cold hands and feet.

Generalities.—(a.) Convulsive trembling; cramps, sleeplessness, nervous tremors followed by insensibility (from toxic doses). Tremulous agitation of the nerves, as in joyous hope. He is constantly impelled to be in motion, and regrets his inactivity, although he cannot do any work. Mental labor wears him out; he feels exhausted. Excessive sensitiveness in the whole body; susceptibility to every sort of pain; on thinking of it he imagines he already feels it; everything is disagreeable to him. (i) Emaciation, with great debility and prostration. Profuse night-sweats.

DERMATOLOGICAL OBSERVATIONS.

BY EMIL TEITZE, M.D., ALTOONA, PA.

A. *Rumex Crispus* in *Prurigo Mitis*.

AMONG other claims, it is especially the claim to superiority of diagnostic skill and acumen which is so often asserted by our learned opponents. Those who have heard them talk about this matter in their peculiar self-conscious strain, might almost incline to the belief that those gentlemen were the exclusive proprietors and masters of this branch of medical science.

But things look quite different when we have the opportunity of occasionally witnessing their diagnostic methods and hear of their puzzling and often astounding diagnostic verdicts.

It appears, moreover, that many of their somewhat quixotic expeditions with plessimeter and stethoscope—in many instances truly wonderful to behold—are undertaken—and for a very good reason, too—not so much for the purposes of eliciting exact pathological information, as with the intention of thus impressing an ever credulous public with the immensity of their scientific resources.

But professional clap-trap of this sort, the nearest kin to outright charlatanism, is hardly becoming men claiming to be the representatives of scientific medicine.

Justice, I regret to say, compels me to add, however, that these small and disgusting practices are not exclusively confined to our opponents.

The reader will see from the subsequent narrative what gave rise to these remarks.

Six months ago, a young man, twenty-five years of age, of good physique and phlegmatic temperament who, with the exception of a gonorrhœal infection several years ago, so far as he could remember, had never been sick, complained to me of having been afflicted for the last eight or nine months with a very annoying skin affection. Almost from the beginning of the trouble he had been under the care of an allopathic physician, who had called the disease *eczema*. The last remedy the doctor had prescribed for him, and which the patient had faithfully taken for seven or eight weeks, was Fowler's solution of arsenic. It had done him no good, however; on the contrary, it seemed to have aggravated the trouble.

The eruption, though more copious at the flexor plane of the arms, especially the forearms, and the inner portion of the thighs, was not confined to these localities, but could be found more sparingly also on and between the shoulders, on the breast, lower portion of the abdomen and lower legs. It appeared in the form of solitary noduli which, here and there more numerous, cropped out at various distances from each other in quick succession, but irregularly as to locality and time. The color of the single noduli, rough and hard to the touch, did not vary from that of the normal skin. With the aid of a pocket-lens, I observed at the top of each fully developed nodulus, a minute vesicle of a structural density apparently greater than that of the surrounding epidermis, which contained a very small quantity of a clear lymph-like fluid that tardily escaped on puncturing the vesicle with a needle. The eruption was exceedingly irritable, and the patient tried to relieve the often intolérable itching by frequent rubbing and scratching. By this operation some of the noduli were invariably torn by the finger-nails, and the lymphic liquid, intermixed with a drop of extravasated blood, oozed from the tiny wounds, but soon dried up into small, hard and dark colored crusts which, quite numerous at first sight, were the most conspicuous feature of the disease. In some instances the torn noduli became slightly inflamed, increased in size, and assumed the character of

large papules. Beneath the detached scabs white marks were left, in color fairer than the skin, which were enclosed by a circular deposit of a brownish pigment, somewhat darker in shade at the immediate border of the marks. The latter remained visible for some time, and gave the skin a spotted, mottled appearance.

Sudden changes of temperature, especially rapidly cooling off, or warming up of the body, the warmth of the bed, as well as damp, rainy and chilly weather, greatly aggravated the trouble in every respect. So, apparently, did strong alcoholic drinks. The cause of the disease was entirely obscure, and all hypotheses regarding it mere speculation.

It will be readily seen from this description that the name *eczema* given to this affection by the allopathic attendant was an out and out misnomer; because its whole character and development differed so distinctly and essentially from the disease known by that name, that nothing but carelessness or ignorance could commit so glaring a diagnostic error in this instance. The principal points of difference between the two diseases, with special reference to the case in question, are briefly: the non-confinement of the trouble to any definite locality; the absence of any hyperæmic or inflammatory condition of the skin; the nodular character of the eruption; the solitary appearance and structural peculiarity of the vesicle; the form, size, consistency and color of the scabs; the peculiarity of the marks left on decrustation; the intensity of irritability.

I think the proper name of the affection described is that of a pruriginous disorder, the *prurigo mitis* of our text-books.

Many cases of this kind, at the time when the true nature of scabies was yet unknown, no doubt, were formerly recorded under the name of *scabies sicca*. This, at any rate, is the opinion of Hebra and others. The former, moreover, considers prurigo exclusively a disease of the lower classes, and attributes its origin to unhealthy food and want of cleanliness. But this idea does not hold good in our case because the patient belonged to the better class, was rather what is called a "good liver," and always kept himself scrupulously clean. He may not have been able at all times to clear himself of the charge of occasional transgressions in *Baccho et Venere*, but, if sins of that kind, as assumed by some, were the main cause of this disorder, it would, contrary to all experience, long ago have assumed among the hopeful scions, and even many of their noble sires, of this latitude, and, I fear, of many other latitudes, the features and proportions of a standing epidemic.

It must be fully twenty years ago that Dr. Searle, of Brooklyn, published the cure of a case of prurigo in the *U. S. Med. and Surg. Journal*. To show how he came to find the curative remedy, he told a quite amusing story about one of his former prurigo patients, which I will repeat here, but quoting, as I do, entirely from memory, without holding myself responsible for all the details :

The doctor had treated the patient for a good while, but without any favorable result, and the latter, undoubtedly for this reason, had failed to return to him. Five or six months later, he accidentally met his former patient on the street, and, curious as he was about the case and interested in it, too, he stopped him and inquired about his former trouble. The man, in a rather nervous manner, stated quite pleasantly, though with apparent hesitation, that the doctor's last prescription had done him "lots of good;" in fact, he thought it had completely cured him. With beaming eyes and a broad grin on his face, the doctor replied: "Thank you, my friend, for the good news. But pardon me kindly, as I hope you surely will, for the rather impolite remark, that I do not believe a word of all you have said. Now don't get angry, man; please don't. For I know only too well that I didn't cure you, and don't claim any credit in the case; indeed, I don't. And then, honor bright, you know quite as well as I do that I didn't. That's settled; isn't it? However, what I would like to know very much, my friend, is what has cured you; for I always, when opportunity offers, try to increase my meagre stock of knowledge a little, and—the Lord knows—we all stand in great need of an occasional influx." "But, doctor," stammered his quondam patient, "you will surely feel ins——." "Nonsense, my dear fellow," quickly interposed the doctor, "don't you worry any about my feelings, I tell you; and don't you stand on ceremony, either. Not a bit of it. But, if you know how the thing was done, by *Æsculapius'* sacred, rheumatic old rooster! come right out with it like a man, sir. There now!" "Well, doctor," said quite weakly, but with a roguish twinkle in his eyes, the other, "as you insist so doggedly on knowing it, I may just as well tell you at once that—an old woman advised me to drink a tea made of yellow dock, and that (here the man showed his bare arms)—now just look here, doctor—it really has done me a heap of good. Now, hasn't it?"

Indeed, I have silently thanked the doctor for his communication many a time; because my own experience in this direction had been anything but pleasant and reassuring; for almost all the remedies,

too numerous and humiliating to mention, I had ever prescribed for that trouble had brought me naught but disappointment.

My first case in which I tried *rumex crispus* was that of a young peddler, who had suffered from prurigo mitis for several months. Except bathing and scratching, he had done nothing to appease the anger of his furious pest. The 12th decimal potency, in globules, cured him in a very short time. He paid his small bill with many thanks for his delivery from "that awful pest," as he called it. It was the first rumex fee I ever got, and I must confess that it tickled me considerably, but by no means unpleasantly. (*Rumex proving.*)

In another case I gave *rumex crispus* θ , *experimenti causa*, but it did no good apparently, and the patient stayed away, most likely *experimenti causa*, too. I had the grim satisfaction, however, of frequently seeing him scratch his legs for many a month afterwards. But since that time I have abandoned the θ experiments, and come to the conclusion that yellow dock tea may do well enough in the hands of old women, but that the θ certainly proved something like a dismal failure in mine.

Returning to our case, I will but briefly add, that a few drops of *rumex crispus* 6x, taken three times a day, and, on improvement, morning and evening, cured the trouble within a few weeks. What I had noticed of the action of this remedy in former cases held good also in this. The improvement soon began with a rapid decrease of the intolerable itching, quickly followed by the withering and drying up of the still existing noduli, and the cessation of any fresh subsequent outbreaks.

Graphites and causticum, I think, would follow well on rumex if the latter should fail to effect a complete cure.

My purpose in publishing the history of this case is to direct the attention of the younger members of the profession to a valuable prurigo remedy heretofore, perhaps, unknown to them; because in their future battles with that rebellious disease they may possibly experience some day the pruriginous sensation of having come, discouraged and hopeless, to the end of their therapeutic string.

B. *Papillitis Digitorum Pemphigoides.*

There is a peculiar affection of the fingers which we occasionally meet with in practice. Its simultaneous appearance among a number of persons in the same locality would seem to indicate that it breaks out, now and then, in an epidemic form, as it were. It seems more

frequent among females than males, and is restricted exclusively to the volar surface of the fingers. Whether it ever appears simultaneously on all the fingers of one hand or both, I cannot say, but so far as my observations extend, I have always found it to be confined to one or two fingers, and have seen it on the thumb, index and middle finger, but never on the others.

The disease consists of an inflammatory process of the corpus papillare cutis, and always begins at the last phalanx.

The skin of the affected phalanx, at its volar surface, assumes a deep red color, swells up, and is studded with a number of small and closely packed cone-shaped elevations—the inflamed and enlarged papillæ—which gives the part an uneven, nodular appearance. Soon afterwards a blister (bulla) of the size of a pea, or larger, develops from an opalescent spot in the centre of the inflamed part, and rapidly increases in size until it covers the entire inflamed surface.

Up to this point the bulla is circular in shape, or, at least, nearly so. Somewhat later we observe that its border is encircled by a narrow but sharply marked inflammatory band, which steadily pushes on in a downward direction, while its lateral extension usually comes to a halt before reaching the volar limits, and which, raising the epidermis as it progresses, in proportion to the extent of its onward movements in both directions, simultaneously enlarges the bulla, thus changing its circular into an oval form, or, when spreading also over the first phalanx, into an oblong oval. I have never seen the morbid process, at this stage resembling a burn of second degree, extend any further.

While this is going on at the volar plane of the finger, its dorsal surface, except a greater tension and glossy smoothness of the skin, remains unchanged.

The bulla contains a clear serous fluid, which soon gets turbid, and finally assumes a purulent character.

The affected part feels hot to the touch, and is the seat of a more or less intense stinging and burning pain, which is aggravated at night, and on exposing the finger to the air, but ameliorated by warmth, and especially moist warm applications.

If the epidermis forming the bulla has not been removed, the raw, excoriated surface beneath it heals up by the direct formation of a new epidermidal cover. Otherwise, a thin scab is formed, which remains for some time before it is detached or can be removed.

How long the pathological process lasts when permitted to run its natural course I am unable to say. Some cases of it, when brought

to my notice, had already continued ten days and longer without termination.

The cause of the affection is unknown to me.

It is easily distinguished from other cutaneous disorders, such as eczema, herpes, and rupia, with which it might be confounded at its early stage, by its specific localization, the characteristic formation of the single bulla, and its subsequent rapid growth, formal changes, and contents. On the other hand, it bears a strong resemblance to pemphigus.

The eruption, so far as I know, has never been given a special name. The term, *papillitis digitorum pemphigoidea*, would, perhaps, not be unsuitable for it.

The disease, at its incipient stage, somewhat resembles a mild poisoning by *rhhus tox.*, and in its absence homœopathic physicians would probably be apt to consider *rhhus* the true *simile* for the affection in question. They would, however, be greatly disappointed in their expectations by a complete therapeutic failure. At any rate, I have never witnessed any curative effect from it in such cases.

Arsen. alb. often relieved the violent burning, but had no influence upon the pathological process as a whole.

The only remedy that I have found to be efficacious in this affection is *cantharis* 3-6. Its curative power manifests itself very promptly, a few doses of it being usually sufficient for a complete cure.

HOW TO STUDY THE "ORGANON."—THIRD PAPER.

BY M. W. VAN DENBURGH, M.D., FORT EDWARD, N. Y.

ONE of the most pernicious ways to study any author, if the object be to gain a philosophical and, at the same time, comprehensive view of his meaning and intentions, is to study by text or by paragraph.

Whether it be the Bible, Shakespeare, Bacon, Newton, or Darwin, religion, poetry, philosophy, or the sciences, the more one studies by separate paragraphs, without comparison with the remainder of the author's work, or, it may be, to the whole of his writings, the more he may be led astray, and the more he may lead others astray.

First. He may be led astray himself without knowing it. It is exceedingly difficult to so construct a single sentence that it may not be understood in more senses than one. Although a number of con-

secutive sentences generally act as counter-checks upon each other, explaining, restricting, and amplifying the meaning of each, still this is far from enough in sentence study. In the same way paragraphs limit each other, chapters are interrelated, and volumes modify one another.

Not only is this true in its widest sense, but it is also true that an author can seldom be studied to the best advantage without considering both the age *in* which he wrote, and his age *when* he did the writing.

Again, if he have undergone a change of views during the period of his authorship, this is of the greatest importance.

The steps of this change should be traced, if that be possible, and the reasons sought.

This is no easy work ; but, when the author is an important one, or the book one of reference, no work is too great that leads to a right comprehension of its contents, or a right apprehension of its value.

All this is, without doubt, very commonplace, but it is equally without doubt that plain violations of every one of these points is not a difficult thing to find in studies of the *Organon*.

If any further argument were needed to show the utter uselessness of textual study as a plan of gaining the truth, let the -ies, -ists, -ates, -ites, -isms, cliques, sects, and what-nots of Christianity answer to its own shame, and to the denial of the fundamental principles of its great Master. In the unseemly squabble over texts, the weightier matters of the law are quite lost sight of.

The honesty of such people is not necessarily impeached, but the utter futility of the method ought to impress the most obtuse.

Second. The textual and the paragraph method of study offer unlimited opportunities for theorists and wiseacres to tack on their vagaries, to palm them off as the genuine thought of the author, thereby giving rise to endless scandal upon the good name and ability of the writer.

Some of these attempts are ridiculous, some stupid, and some positively vicious.

I well remember an acquaintance of years ago who used to write his sermons first, then look up a text after their completion. One day he came to me in a state of mind. Said he : " I have written a sermon, and I cannot find a text for it ; I have spent the whole morning looking for one."

Well, he finally found a text " that would do," as he said, and I

have no doubt the people appreciated the sermon and the text. The wonder is that he had to look so long.

A few months since one might have read this "liberal" interpretation of a "text" from Hahnemann in one of our leading journals:

"SECTION 14. Within the human body there is no curable disorder, nor any curable invisible morbid change, that does not make itself known as disease to the exact observer by means of signs and symptoms quite in accordance with the infinite goodness of divine wisdom."

Now read "the interpretation thereof:" "We have a right to infer from it (Sec. 14) that curable diseases make themselves known to the intelligent physician by signs and symptoms, and that incurable diseases are incurable because they are unable to make themselves known by signs and symptoms."

If the topic under discussion by Hahnemann had been curable and incurable diseases, then some such forced "inference" might have been possible; but when we turn to the *Organon* we find this was not the topic at all. What is there discussed is:

"SECTION 12. Diseases are produced by the morbidly disturbed vital force; hence, the manifestations of disease discernible by our senses at the same time represent *every internal change* (i.e., *the entire morbid disturbance* of the dynamis), and expose to view, so to speak, *the whole disease*."

Evidently the maker of the above "inference" had a sermon "all completed," and was looking for a text.

A few years since, at the graduation of a divinity class from a New England theological seminary, a sermon was preached from the text: "Having the form of godliness, but denying the power thereof." The interpretation of the text was: "Having the form of godliness, but denying the power of the form."

The sermon was, "of course," powerful on "form;" and a powerful illustration of the value of textual study combined with a strong bias. This latter mental peculiarity so common to humanity, and from which Hahnemann himself was far from being free, is always a prominent element in "inferential" judgments.

Whoever goes to the *Organon* with his "sermon already written," will not fail to find a text, either *naturally by excerption*, or *forced by "inference,"* suitable to any theory or vagary he may wish to bring forward.

Hahnemann's description of what sort of a man a physician should be in order to study disease-symptoms successfully, is perhaps the best

definition of what sort of a mind should be brought to the study of the *Organon*.

It "demands, on the part of the (physician) student, principally *unbiased judgment* and *sound sense* (senses), attentive observation, and *fidelity* in noting down the image of what he reads." With these qualities he will find the study both pleasant and profitable.

DRY HEAT IN THE TREATMENT OF CYSTITIS IN THE FEMALE.

BY C. HOYT, M.D., CHILICOTHE, OHIO.

(Read before the Homœopathic Medical Society of the State of Ohio, May, 1889.)

THE use of dry heat in the treatment of cystitis in the female is, without doubt, something new to the profession generally. I shall therefore attempt in this brief paper to describe the apparatus necessary for the application of this method of treatment, as well as the proper mode of using the same. I shall also attempt to demonstrate its usefulness in cases of cystitis generally, but more particularly in those chronic cases of long standing in which there is thickening of the walls of the bladder, as in the so-called parenchymatous variety.

The walls of the bladder are composed of a mucous lining internally and a muscular coat externally, the latter being partly covered with the peritoneum. Between these structures are interposed layers of connective tissue. Each one of these may become the seat of the morbid process. Books, therefore, speak of catarrhal, sub-mucous, sub-serous, and parenchymatous cystitis according to the fancied location and extent of the inflammatory process. In practice we find these various forms of cystitis blending one with the other, so that it is often impossible to decide fully upon the exact location and extent of the inflammatory process unless it be in very recent cases of the catarrhal variety. It will thus be readily understood that the diagnosis of the exact variety of cystitis is often a matter of great difficulty. If the case is one of long standing, we must remember that the whole structure of the bladder is apt to be more or less inflamed, as well as the connective tissue surrounding it. In such cases

both local and constitutional measures must be used to overcome the difficulty.

It is in these obstinate cases of long standing that I would most earnestly advocate the use of dry heat as a reliable adjuvant to the carefully selected remedy. I am indebted to Dr. Philip Porter, now of Cincinnati, formerly of Detroit, for my knowledge of the use of this agent in the treatment of cystitis. So far as I know, he is the originator of this valuable discovery.

I will now proceed to describe his apparatus, as well as his manner and method of using it. The heater is similar in size and shape to the ordinary double canula catheter, the only difference being that the former is closed at the point instead of being open, as in the case of the double catheter. It is insulated with hard rubber to within about two inches of the point, which is silver or nickle-plated. To the upper branch of the other end of the heater is attached an ordinary piece of rubber tubing four or five feet in length. The other end of the rubber tubing is connected with the vessel containing the hot water. The lower branch is supplied with a stop-cock to prevent the waste water from running out too rapidly and using an unnecessary amount of water. All that is required is to allow just enough of the hot water to flow through the instrument to keep heated to the required degree. To this lower branch, below the stop-cock, is attached another piece of rubber tubing to convey the water to some convenient receptacle.

The best way to keep up an even supply of water at the required temperature is to use as a supply receptacle a tin vessel holding one or two gallons, arranged on a bracket over a gas-jet or a coal-oil stove. A thermometer should be fitted to the side of the vessel, so that the water contained can have its temperature regulated to the desired degree. There should be an opening in the side of the vessel near its bottom, into which a tube or thimble should be soldered, and allowed to extend out about half an inch, so that the rubber-tubing going to the heater can be attached to it. In case, however, this arrangement for attaching the tubing to the vessel is not made, then the tubing can be put in the water at the top of the bucket, and made to act as a siphon. Now, when everything is in readiness, the patient should be placed upon her back on a convenient table or bed. After lubricating the heater, it should be carefully inserted into the bladder, care being taken to empty the bladder before inserting the heater, as the heat from the instrument will cause the bladder to contract and force out the contained urine.

At the beginning of the operation the water should be at a temperature of about 110° or 115° F., and should be gradually increased from time to time as the patient becomes accustomed to it. After a time the patients will bear the water at a temperature of 130° or even higher, and that, too, without discomfort.

The sensations of the patient should be our guide in regulating the temperature of the water. In no instance should it be used hotter than she can bear without discomfort. The duration of the applications should be about ten minutes for the first sitting, gradually increasing to a half-hour in future sittings. If used too long it causes weakness and prostration. The duration of a sitting should, therefore, be never prolonged to more than a half-hour. The treatment should be repeated two or three times a week, according to the requirements of the case and the patient's ability to stand it. Marked improvement is usually observed to follow the first treatment, as is shown by the less frequent calls to urinate, as well as diminution of the pain consequent upon that act. The pelvic congestion, weight, and soreness are speedily relieved, and a better circulation is established within the walls of the bladder and pelvic organs generally.

This method of treatment is expected to do away with the old irrational practice of washing out the bladder with water or medicated solutions. I firmly believe that the application of dry heat as described in this paper, together with the application of the carefully selected homœopathic remedy, will do more for the poor sufferer from chronic cystitis than will any other means at our command. I would, therefore, recommend that all give it a trial whenever such cases come under treatment.

SOME VIEWS CONCERNING, AND EXPERIENCE WITH, OCULAR MUSCULAR TROUBLES.

BY JAMES A. CAMPBELL, M.D., ST. LOUIS, MO.

(Read before the American Institute of Homœopathy, June 25, 1889.)

WITHOUT doubt, Dr. George T. Stevens, of New York, well deserves the highest commendation for the thorough and systematic manner in which he has discussed the abnormal actions of the ocular muscles. Much had been written on the topic, but no one has presented the subject with as much comprehensive and practical com-

pleteness. Whether we are to follow this enthusiastic operator to the fulness of his conclusions, is for time and individual experience to decide. His explanation of the causes which may conspire to produce heterophoria includes, with few exceptions, the list as usually given, but in the treatment for the resulting heterophoria, everything else, if not actually ignored, seems to be at least made secondary to the operation urged.

The limited time and space at my disposal here will not permit me to indulge in extended argument. I shall content myself by placing before you, briefly, some facts which I think are self-evident observations and conclusions, which I formulate as follows:

The vast majority of cases of muscular asthenopia, or heterophoria, coming under my observation, have been associated with anomalies of refraction. So constant has this been, that I cannot but conclude that in refractive anomalies we find the principal cause of the complication.

The existence of an optical error is always associated with irregular action and use of certain sets of muscles, leading to overstrain on the one hand and consequent exhaustion on the other, which will necessarily result in some form of heterophoria.

The optical correction of the anomaly of refraction by glasses, although generally removing the prime cause, does not always immediately remove the heterophoria because of its long existence, the weakness of one muscle being frequently accompanied by hypertrophy and over-strength of its opponent. It often requires time and practice to equalize and harmonize the muscular balance, just as it took time to produce the disturbed relations of the same.

If heterophoria is corrected by operation, the final result will be unsuccessful if the optical error causing the same is not corrected also.

While it is true that most of the cases of muscular asthenopia are associated with anomalies of refraction or accommodation, it is equally true that we find many cases of optical error with very little evidence of heterophoria. Why slight degrees of hyperopia or astigmatism may cause very annoying disturbances in some cases, and quite high degrees exist almost unsuspected in others, is yet to be explained.

It is estimated that 85 per cent. of strabismus convergens is caused by hyperopia. In all of these cases there is usually a beginning time, during which there is a periodic deviation of the eyes from their normal directions, a heterophoric condition. But although it

is true that turning in of one or both eyes is due to hyperopia in so large a proportion of cases, it is also a fact that the majority of cases of hyperopic eyes are not so afflicted. It is difficult, indeed, to give a satisfactory explanation of this contradiction. We know that in every case of hyperopia, and other optical anomalies, overstrain of the eye muscles is present to a greater or less degree.

If the above is so, it seems reasonable to conclude that the first steps to take to remedy the heterophoria, should be directed to the cause producing the same. Upon this point all authorities are united. In some cases it will be necessary to neutralize an active overpowering result, as well as to remedy the cause, for the reasons given in a former paragraph. Here the operation may be called for in addition, but in most of these cases coming under my observation the operation has been unnecessary. A few examples may be outlined here:

A young lady, age eighteen. For over two years eyes painful when used; had much headache, commencing in back of head and neck; was dizzy; felt nauseated when looking intently at any object. Vision $\frac{1}{2}$ with both eyes. Her vision was variable, and to astigmatic tests uncertain. She could only overcome a prism of 4°, base out, with either eye. Hyperphoria of uncertain and varying, but slight degree, was present. Paralyzed the accommodation, and found hyperopic astigmatism in both eyes, requiring + 48c ax. 90° for correction, which gave equality of lines and $\frac{1}{2}$ for vision. I gave the indicated cylindrical glass for constant use, and ordered a pair of prisms of 2°, base out, in spectacle frame, to be worn twice daily for five minutes at a time for the first week; after that, ten minutes at a time. This was continued for some weeks, with gradual gain and final perfect recovery.

In another case, a lady, aged forty-five, who, for some years, had suffered much torment with head and eyes, was found to have a tendency of the eyes to deviate upward and outward; could only overcome a prism of 5°, base out, with a hyperphoria of 2°. Repeated tests showed irregular and spasmodic action of the muscles of accommodation. Under atropia was found a hyperopia requiring a + 42 glass for correction. This, for constant use with a + 16 presbyopic glass for near work, and the use of the prisms for practice, as in the above case, together with the appropriate internal remedy, brought about complete relief and perfect recovery more than a year ago, with no complaint since.

A third and last case may be instructive. In 1887 a gentleman came to me with the usual symptoms of heterophoria, any use of eyes producing pain in and about the eyes, back of the head and neck, dizzy sensations, etc. Examination revealed a myopic astigmatism. R. eye corrected by — 60c ax. 135°. l. eye — 60c ax. 30°. He overcame prism 6°, base out, with r. eye, and 7°, base out, with l. eye. An uncertain hyperphoria of 1° was present.

I gave it as my opinion that this trouble came entirely from the oblique astigmatism, resulting in a constant and long standing overstrain of the muscles, in their endeavor to lessen the optical disturbance present. I advised correction of the astigmatism, exercise of the weakened muscles by prisms, as well as their stimulation by electricity, aided by internal remedy, to be selected from the symptoms.

Shortly after this he went to New York on business, and while there consulted a well-known authority, a heterophoric enthusiast, who readily found the hyperphoria, but overlooked the astigmatism. The superior rectus of one eye and the inferior rectus of the other was operated on, and the eyes "levelled," and the patient went away rejoicing over his promised prospective relief. A

year went by and still his old troubles kept up. He returned to me and I found the same condition of affairs which were present at my first examination. This was four months ago. The astigmatism was corrected, Faradic electricity used, and *natr. mur.* given. A gradual but marked improvement has resulted.

It may be remarked concerning this last case, that the very essential correction of the astigmatism ought not to have been overlooked. This is true, but the hyperphoria was corrected by the operation and still it brought no relief, conclusively proving that the true cause of his annoyance was not the hyperphoria, but the astigmatism.

These are but typical cases from the many which might be given, and which have been given by others. I bring them forward to illustrate the point I desire to make, that many cases may be remedied without operation, and that the operation *alone* will not correct the trouble, as long as the prime cause remains unchanged, whether it is optical anomaly, constitutional or functional disturbance, or nervous exhaustion or irritation, affecting all of the muscles of the body, as well as those of the eye.

The recent discussions of heterophoria sound very much as if the muscles of the eye were attached, with unyielding firmness, to a permanently fixed eyeball, which muscles did not permit any legitimate variations. On the contrary, the location of the eyeball in the socket, surrounded by yielding tissues, permits the greatest latitude of movement. In the discussion of the action of the muscles the many causes, central, peripheral and reflex, which may influence the nerves which supply these different muscles, and which *alone* move them, seem to be almost forgotten or ignored.

It is strange, too, that attention is almost exclusively devoted to the recti muscles, while it is a well-known fact that the oblique muscles have very much to do in determining the movements and directions of the eyes.

Dr. Stevens says: "In equilibrium, the visual lines of the two eyes should be parallel, when the force of the will in accommodating or adjusting the eyes is removed;" or, in other words, that in the position of absolute rest or complete relaxation of the muscles of the eyes, the visual lines are parallel. From this it will be seen that any use of the eyes for visual purposes requires active muscular exertion. In normal conditions this use, if not too prolonged, is not attended by any difficulty or uneasiness, but the presence of any optical anomaly, depression, or nervous exhaustion, whether direct or reflex, will render this active muscular effort, exerted to maintain proper convergence of the eyes, annoying; and if the error-producing condition is persistent, a heterophoria of some form will surely appear.

It may be interesting, at this point, to recall that many of the symptoms, which are asserted to be often the result of heterophoria, neuralgia, neurasthenia, insomnia, nausea, chorea, epilepsy, vertigo, and even some forms of dementia, have been claimed with equally as much vehemence by specialists in other directions, and the usual list of cases and cures reported. For instance, the orificial surgeon will tell us that hæmorrhoidal "fringes" and "pockets" are without doubt the leading causes. Phimosis and lacerated cervix uteri have had their earnest advocates, as being active factors producing like results. Aurists, and even throat specialists, will offer you cases of a like nature, not to mention the occasional claim of the dentist.

From all this I conclude that no one group embraces the whole truth, but are merely various aspects of the one great truth.

The use of an internal remedy for these various forms of ocular muscular troubles, selected from the symptoms as indicated, would be regarded by our old-school friends as a roaring farce; following their usual custom, they would rather cut first and treat afterwards; but positive and repeated experience and successes with systematic exercise of the muscles with prisms, together with the use of the well-known remedies, which we have at our command, embracing argent. nitr., ammoniacum gummi, apis, china, gels., natr. mur., lilium tigrinum, sepia, senega, onosmodium, and other well tried remedies, force me to say, treat first, operate last.

LYSSA HUMANA.

BY PROF. CARL LAUFENAUER, OF BUDAPEST.

(Translated, with Remarks, by S. Lillenthal, M.D., San Francisco, Cal.)

OUR knowledge of the prodromal stage of lyssa, or hydrophobia, in man is still very deficient. In children the malady may run an entirely atypical course, and thus be wrongly diagnosed. When the disease is well developed, the patient becomes so restless that important physical examinations are well-nigh impossible. It is a notorious fact that children are far more sensitive to the action of the rabic virus than are adults. The same observation has been made with respect to the lower animals, in whom the period of incubation of this disease is far shorter among the young than among the older

ones. On an average, lyssa breaks out between the third and twelfth week after infection. The possibility of infection increases the nearer the injured part lies to the medulla oblongata. In many cases this closeness shortens the period of incubation.

Lyssa appears in two forms, irritable and quiet. The morbid picture of lyssa is well known. Let us, therefore, consider some points that are not so well understood. Lyssa always has the character of an acute infectious disease. Even during the very short prodromal stage of a few days a chill, followed by fever, may set in. During the acme the subaxillary temperature may show 37.9° to 38.9° C., and increases steadily with only slight morning remissions. Such a steady increase of the temperature is too often the sure index of a fatal issue; a temperature of 40° to 41.5° C. is a certain symptom of approaching death. On the application of a flat thermometer to the injured part, the temperature on the affected side was always found a few tenths of a degree higher than on the sound side; otherwise, the temperature of the skin is always a low one on account of the restlessness of the patient. The pulse is thick and very compressible. The rhythmic action of the heart is somewhat increased; breathing is rapid and irregular; sometimes the Cheyne-Stokes respiration is present. The pupils are always dilated, one usually more than the other. This inequality of the pupils is the result of cerebral processes. The reaction of the pupils to light and efforts at accommodation is sometimes normal and sometimes sluggish. Slight skin irritation, as a slight draught of air, may change the state of the pupil. Conjugate deviation of the eyes is often observed. The acoustic nerves are mostly hyperæsthetic. The sound of a tuning-fork may cause trembling of the whole body. When holding a watch or tuning-fork before the ear, the patient turns the head away as if frightened, the abdominal muscles become contracted, reflex or spasmodic dyspnœa sets in, accompanied by gnashing of the teeth, the pupils dilate *ad maximum*, and, with all this, the patient suffers from the most terrible hallucinations. Very often subjective noises are present, which may be stopped for awhile by the use of the tuning-fork.

A most remarkable symptom of lyssa is the typical increase of all reflexes, cutaneous, muscular, and tendinous. The current of air from a distance, even, causes severe spasm of deglutition, and dyspnœa, and, during the convulsive stage, clonic and tonic spasms extending over the entire body. Idiomuscular tremors show themselves. When the final stage approaches, the knee jerk disappears gradually, while the idiomuscular contractions still continue until a few hours after death.

Pasteur has shown that, in lyssa, the reflex excitability of the bulbar nerves especially is increased.

A constant symptom of lyssa is the tremor. Already, at the beginning of the disease, the tongue trembles when it is protruded; then the upper extremities and next the head are involved. The extremity exposed to the infection trembles more than the other one. These tremors show a remittent character. In relation to the rapidity of the oscillations, the tremor may be compared to that of paralysis agitans; in its form it simulates hysteria. During the paralytic stage of the disease the motions of the patient become ataxic, the gait is that of a drunkard, and there is a tendency to fall. Finally, on account of paralysis of the lower extremities, walking is impossible; motion of the upper extremities is still preserved, however. The sensitiveness of the skin is somewhat increased, and sinks only in the final stage of the disorder. Vision is hardly ever disturbed, but photophobia is frequent. Urination is diminished in frequency, and the urine shows a high specific gravity and usually contains albumin.

Many remedies have been tried in the treatment of lyssa: morphia, chloral, paraldehyd, urethan, cocaine, conium hydrobromatum, internally and hypodermically, curare, extract of secale, etc. Hot poultices at the neck, and full warm baths, give some slight relief. Only hydrate of chloral, in small and oft-repeated doses, seem to have any influence in diminishing the dyspnœa and the tetanic spasm.

Experiments made on animals show that they sometimes make spontaneous recoveries from lyssa. The analogy between the disease as it occurs in man and as it is found in animals, allows of the supposition that a cure in the former is not out of the question. Sometimes the disease in man takes on the form of mental alienation, mostly simulating fatal chorea, although sometimes like melancholia or dementia paralytica.

Anatomically, we often meet marked hyperæmia in portions of the nerve-centres, equally divided in the cortical and medullary substance, the sub-cortical ganglia, the medulla oblongata, and the spinal cord. This may show itself even in cases in which no narcotics had been used. In three fatal cases of lyssa the central nervous system was examined with the following results: The cord was the seat of a diffuse inflammation involving the white, and especially the gray, substance. The gray cornua were full of emigrated white blood-corpuscles, accumulating especially in the anterior cornua. The blood-vessels showed a rich adventitial and peri-adventitial infiltration. In

the multipolar nerve-cells of the anterior horns, pigmentary atrophy was found, often only the manifestations of simple atrophy in consequence of a disturbance of nutrition. In the posterior horns blood-exudations were found. The white substance was also inflamed, but not so intensely as the gray. The marrow of the nerve-fibres of the posterior columns fell to pieces in the form of myelin drops, especially in the posterior sensory roots and in the spinal continuations of the so-called curved median fibres. The sheath seemed here and there swollen and hypertrophic. Amyloid granules were found in great numbers. These histological results show an acute myelitis of the entire spinal cord more intense in the gray substance and cornua, and going from the centre to the periphery. These results differ somewhat from those of other observers, who only describe peri-vascular inflammation and blood exudation in the anterior cornua, while Laufenauer found changes in the nerve-cells and fibres; and just these alterations explain fully the symptoms of lyssa, among which the reflex irritability is the most constant and remarkable. Every stimulus touching the skin travels through the inflamed posterior sensory trunks and the reflex arcs of the gray substance to the already irritated ascending vagus (and causes the respiratory troubles), passes over to the phrenic nerve, and causes spasm of the diaphragm in the form of singultus, and reaches finally the hypoglossus and causes spasms of deglutition. Thus, also, one can easily explain the mydriasis, the salivation, and the disturbances of urination and defecation.

Cantani's latest experiments, showing that the virus spreads itself through the nerves upwards from the place of inoculation, has been often verified. As a counter-experiment, the diseased cord ought to be compared with a healthy one in order to exclude false conclusions. A woman was brought to the psychiatric clinic with mental alienation. She had been an inmate of the asylum six years before. After her death experiments with virus from her brain succeeded in producing lyssa animalis, and further researches showed that in her first insanity she had been bitten by a strange cat.—*Centralbl. f. Nervenheilkunde and Psychiatrie*, 9, 1889.

Roux, of Paris (*l'Art Médical*, May, 1889), compares inoculations made with the nerves of the injured side with those made with nerves of the uninjured side, and found that the virus ascends from the periphery to the centre, but that the virus taken from the bulb is the most effective. It often takes a long time before the poison shows

its activity, and this latent period is of the greatest importance to the patient. This period of latent lyssa is also observed in animals, though already on the fourth day the virus can be detected in the bulbous and medulla oblongata, while the animal appears yet to be in good health, except that there is some abnormality in the respiratory rhythm and in the temperature. Treatment ought to be begun during this premonitory stage, which must be considered part and parcel of the disease. P. Jousset objects to the name given by Pasteur to his treatment, and instead of being called preventive, it ought to be called curative. It is, in reality, *isopathy*, and to make it homœopathic we must study the remedies which act similarly to the poison in order to neutralize its effect, and the sooner this is carried out the more hopeful the prospect.—PIEDVACHE.

A most exhaustive article on lyssa, by our immortal father Hering, is found in vol. xxviii. of the *North American Journal of Homœopathy*, where we find a full pathogenesis of lyssa, corroborating every symptom of Laufenauer and Roux. Thus he quotes Le Cat, who says: "Daily experience has shown that after the bite of a dog, not rabid, difficult-healing ulcers will follow." It is further known that after the bite of a rabid dog not only the wounds made by the teeth heal in an unusually short time, but several physicians have observed that even the usual cauterizations are not inclined to get inflamed; on the contrary, they are more inclined to heal quickly. We may take this for a pathognomonic symptom of the slumbering poison of lyssa, as it is also of leprosy before it breaks out. Among the symptoms we read: 45. Delirium and illusions. 60. Strong and uncontrollable impulse to do certain acts, to spring at and to bite any moving object within reach. 85. Biting, snapping, with convulsions. 124. Lyssophobia, fear of becoming mad. 133. The feeling of suffocation and the hallucinations produce most intense anxiety. 179. Hypersensitiveness of all the senses. 472. Eyes excessively sensitive to light. 521. During last stage pupils contracted, or of unequal size; eyes fixed; strabismus. 522. Pupils dilated; wild, rolling, staring eyes. 546. Conversation throws him into the most violent agitation. 550. Sudden noise causes involuntary starting. 585. Strong odors start spasms. 720. Much tenacious mucus in mouth and throat. 749. Spitting a white frothy saliva about his bed and at everybody. 801. Inflammation of throat, with foamy saliva; with dysphagia. 825. Constriction of throat, particularly when attempting to swallow fluids, which is painful; not so with solids.

935. Aversion to fluids; great sensiti veness to every breath of air and reflection of light. 1235. Breathing accelerated and laborious. 1256. Constriction about breast and difficulty in breathing extreme, so that on a blast of air blowing on them gives them the greatest distress. 1329. Pulse quick and irritable, more frequently small, then full. 1625. Muscular twitchings. 1635. Spasms, more clonic, of single muscles or of the whole body.

Thus we might keep on, symptom after symptom, verifying the provings made by the Philadelphia school; and if we miss, in the provings, the typical increase of cutaneous, muscular, and tendon reflexes, we have only to read between the lines and the similarity is clearly shown. Hering, in his masterly article, hints to the study of ophidians as remedies in lyssa; and here lachesis and naja loom up, particularly in the premonitory stage, where the patient apparently feels only out of sorts, where the depression of the vital powers shows itself by restlessness and insomnia. These snake poisons seem to me to be far better indicated in lyssa than the vegetable narcotics which we find noticed in most of our text-books. P. Jousset recommends tanacetum vulgare, and says that it is a favorite remedy among lay people for the bites of rabid animals. Cantharis always held its ground in that disease, perhaps more on theoretical ground, as I cannot find any cure recorded in our literature. Kafka rather gives it the cold shoulder; Raue mentions spiraea ulmer., anagallis arv., and meloe majalis.

Laufenauer says that the virus ascends from the periphery to the centre, and becomes fatal after attacking the bulbous. Might it not give us a strong hint not to forget this pathological indication of a polio- or leuco-myelitis ascendens, considering here the objective symptoms as well as the subjective ones; and let us be particularly careful to study the totality of the symptoms in the prodromal stage, for only at that early period may we, by the choice of the *similimum*, rouse the vital force in order to eliminate the foreign intruder.

SYPHILIS ACQUIRED IN A PECULIAR MANNER.—Sternbach reports a severe attack of syphilis in an army surgeon. While attending a case of blennorrhœa of the eye he was attacked by the same disease and had leeches applied to the temple to combat the acute inflammatory symptoms. One of the leech-bites became the site of the initial sclerosis of syphilis, to be followed later by the usual secondary manifestations. After six months iritis developed, and shortly afterwards symptoms of severe cerebral syphilis. How the leech-bite was infected by the syphilitic virus is unexplainable.—*Internat. klin. Rundschau*, 1887. *Archiv. für Dermatol. und Syphilis*, 1889, Heft 2.

EDITORIAL.

THE TIME AND MANNER OF THE INSTITUTE'S ELECTIONS.

At the recent session of the Institute, several changes were made in the rules governing the methods of procedure at future meetings of that body. One of these changes came in the form of a standing resolution, which provided for the holding of the annual election of officers at noon on Wednesday of the week in which the meeting was held, instead of on Thursday of that week, as heretofore. The mover of the resolution gave as his reason for presenting it, that so much time was taken up in preparation for the election, and discussing the merits of candidates, and soliciting of votes, that the Institute meetings lost in scientific value in consequence. In this opinion he received the support of the Institute, for the resolution was passed without a word of objection being offered, or an opposing vote presented. The idea was generally held that holding the election one day earlier would afford one day less of time in which members could canvass for their favorite candidate.

Americans are born politicians. They take an active interest in all elections, whether pertaining to the municipality, commonwealth, or nation. Those interested in society work, manifest the same interest in society politics. We cannot refrain from asking ourselves the question: "Would the future of the Institute be safe, did the members thereof manifest a less active interest in its annual elections than they do?"

The presentation of the resolution above referred to, has suggested this inquiry together with the following thoughts, as to the best methods to be adopted by the Institute in its selection of officers. So far as the Institute is concerned, our personal experience therein has thus far failed to reveal the adoption of any questionable procedures either by candidates or by their friends. The officers elected have always been representative men, men to whom the association could point with pride.

At one time it was the custom of the Institute to hold its annual election of officers on the closing day of the session. To suit those members whose business engagements would not permit them to remain away that long, the time of the election was made a special order of business on Thursday of the week of the session. Since the

adoption of this rule, it has been the custom of some members to depart for their homes as soon as the election is over. The query now suggests itself: "Will those members in future leave for home on Wednesday instead of on Thursday."

The Institute is rapidly growing in size. As our readers are already aware, one hundred and twenty-five new members were admitted at the Minnetonka meeting. At the meetings held at Saratoga and Niagara Falls, the average number of admissions was seventy-five each, thus making the actual increase in membership by the addition of new members, three hundred and fifty in four years. A body growing thus rapidly in size is essentially different from one of the character of the Institute in its early days. Then the number was few, the members all had personal knowledge of, if not strong friendships with, each other. With the increase in membership, this was impossible. Now to enable new members to vote intelligently a certain amount of electioneering is a necessity, and if kept within proper bounds is to be encouraged.

Should the Institute increase in membership during the next four years as it has in the past four (and the indications are strongly in favor of its doing so), will not our present methods of selecting its officers be inefficient? It is customary with many large scientific bodies to elect such members to office as have been nominated to the same by a nominating committee. With our alumni associations it is customary to have that nominating committee consist of representatives appointed from each class represented by members present at the meeting. In our national associations it is the rule to have that committee consist of one member from each State in the Union. Has the time come for the adoption of that method by the Institute?

It will at once be urged against this plan that, should the formation of the committee rest with the President, to be announced at the opening of the session, it will place in his power the ability to control the appointment of his successor. So it would were a dishonorable man elected to office. We have too much confidence in the men who have held the presidency of the Institute to believe that any danger could arise from this cause. Another objection to be urged against it is, that the plan savors somewhat of "ring." It must be confessed that it does do so. But we must at the same time ask, "What association can succeed without a 'ring?'" As "rings" are usually constituted, they are made up of the working members of the society, of members who have the welfare of the society at heart. So long as they do not usurp the powers possessed by them,

for the purpose of private gain, they can do no harm. Any member can always find himself welcome to admission to said "ring" by working for the society's best interests.

Should it be deemed advisable to refer the choice of officers of the Institute to a nominating committee, it would also be wise to give that committee the power to select the place for the next annual meeting. The advantage of such a plan is obvious. All sections of the country would have equal representation, and there would be no danger in future of ill-feeling arising from the too frequent selection of one locality or neighborhood for the place of meeting for two or more years.

That some change is necessary in the Institute's methods of holding elections is acknowledged by most of its members. As to the way out of the difficulty, nothing has as yet been offered. It is to be hoped that the suggestions here presented will receive the attention the importance of the subject warrants; and if not adopted by the Institute, will at least serve to pave the way for a better plan.

EDITORIAL NOTES.

"The law regulating the practice of medicine in Maine has been declared invalid through a technicality;" so says the *Medical Record*. The true state of affairs is that an attempt was made by the allopaths to have this law declared valid by taking advantage of a technicality. In this attempt they have most signally failed.

The average death-rate in confinement cases was, at one time, one death in one-hundred cases. Of late years this great mortality has been gradually diminishing. At the recent meeting of the American Medical Association, Dr. Jos. Price reported a series of five hundred cases treated in a maternity without a single death. This result was obtained, notwithstanding the numerous complicated cases, through rigid attention to cleanliness and antiseptics.

ERRATA.

In our report of the meeting of the American Institute of Homœopathy in our last issue, by an oversight we neglected to report the paper read by Dr. W. C. Dake, before the Section in Obstetrics, and entitled "The Pathology of Mammary Inflammation;" and also the Sectional Meeting in Anatomy, Pathology, and Physiology. The paper read before the latter section was by Dr. J. T. O'Connor, of New York City, and consisted of an address on the "Motor-Conducting Tracts in the Brain."

NEW PUBLICATIONS.

WOOD'S MEDICAL AND SURGICAL MONOGRAPHS. March and April, 1889.

The issue of this valuable publication for March, 1889, contains the following; "Neurasthenia and Its Treatment" and "Antipyresis and Antipyretic Methods," by Dr. H. von Ziemssen; "The Tongue as an Indication of Disease," by W. H. Dickinson; "The Treatment of Cystic Goitre," by T. M. Hovell, and "New Remedies from 1878 to 1888," by Dr. C. Cauquil.

The April number contains but two monographs, but these are especially interesting. They are: "On Diabetes and Its Connection with Heart Disease," by Jacques Meyer, and "Blenorrhœa of the Sexual Organs and Its Complications," by Dr. Ernest Finger. Our readers have been already made acquainted with the first of these latter, through our gleanings columns of a month ago.

INTUBATION OF THE LARYNX. By F. E. Waxham, M.D., Chicago, Ill.: Charles Truax, 1888.

The object of this volume is to give all the information possible upon the subject of intubation of the larynx. The author takes up in order: The history of intubation, the anatomy of the larynx, directions for performing intubation, the after-treatment. He then gives a record of cases in some detail, and ends the book by comparing the value of intubation and tracheotomy.

The chapter of the anatomy of the larynx might easily have been omitted without detracting from the value of the book.

The last chapter shows haste in preparation, because of the neglect to consider important tables of tracheotomy cases. The book is valuable as a guide to the operation and after-treatment of this class of cases.

DIPHTHERIA, ITS NATURE AND TREATMENT. By C. E. Billington, M.D., and **INTUBATION IN CROUP AND OTHER ACUTE AND CHRONIC FORMS OF STENOSIS OF THE LARYNX.** By Jos. O'Dwyer, M.D., New York: Wm. Wood & Co. 1889.

Dr. Billington's name has been so often before the profession as a writer of articles on the nature and treatment of diphtheria, that the appearance of the volume now before us in which he has elaborated the views advocated by him will be hailed with delight. Unlike many books written by members of the old school, this one pays great attention to the subject of treatment, no less than one hundred and seven pages being devoted to it. The appendix of the work treats of intubation of the larynx, and, as indicated by the title of the book, is from the pen of Dr. Jos. O'Dwyer, of New York, the man who, of all others, is most competent to discourse on that subject.

ON THE TREATMENT OF THE MORPHINE HABIT. By Dr. Albrecht Erlenmeyer, Detroit: Geo. S. Davis. 1889.

The book before us is a translation of one chapter of the great work by Dr. Erlenmeyer, on the "Morphine Habit." In presenting it to the profession, it has been the aim of the translator, Dr. E. P. Hurd, to give a plain, concise and practical presentation of the therapy of morphinism according to Erlenmeyer's teachings. The treatment advocated, that of quick withdrawal of the morphia, is illustrated by the reports of a number of cases treated at the author's clinic.

DISEASES OF WOMEN: A MANUAL OF NON-SURGICAL GYNÆCOLOGY. By F. H. Davenport, A.B., M.D., Philadelphia: Lea Brothers & Co., 1889.

In these days of multiplication of gynæcological literature when it would seem incumbent upon each gynæcologist to write a book in lieu of inventing a pessary, the reviewer at once asks: "What useful purpose the book before us can serve?" The author intends that this new candidate for professional favor shall fill a gap not occupied by any other work. He aims to present clearly, for the benefit of the

student, the elementary principles of the methods of examination, and the simple forms of treatment of the most common diseases of the pelvic organs; and to "enable the busy general practitioner to understand and treat the gynecological cases he meets with in the course of his every-day practice." All surgical gynecology, except that requiring no special skill, has been omitted. A book of this scope must necessarily be supplementary or preparatory to other works bearing on the same subject; and as such we greet it.

CYCLOPEDIA OF DISEASES OF CHILDREN, MEDICAL AND SURGICAL. Edited by John M. Keating, M.D. Vol. I. Illustrated. Philadelphia: J. B. Lippincott Company. 1889.

A very large portion of the practice of the general practitioner is derived from the ailments of children. This being the case, a work of the character of the one before us is of the utmost importance. In fact, we might say that an encyclopædia devoted to the consideration of diseases of children is an absolute necessity. The editor, in the preparation of this work, has called to his assistance American and British authors, each contributor having been selected and assigned his subject according to his familiarity therewith.

Not only does the *Cyclopædia of Diseases of Children* include a consideration of the medical diseases, but the surgical as well, together with the closely related specialties.

The first volume is characterized by monographs on several subjects not often treated of in text-books. These subjects are all general in character, but of an eminently practical nature. Among these we may note "The Physiology of Infancy," by Angel Money; "Diagnosis," by James Finlayson; "Outlines of Practical Bacteriology," by E. O. Shakespeare; "Diseases of the Fœtus," by Barton Cooke Hirst; "The Care of the Child at and Immediately after Birth," by R. A. F. Penrose; "Injuries of the New-born," by Theophilus Parvin; "Infant Feeding—Weaning," by T. M. Rotch; "Diet after Weaning," by S. S. Adams; "Nursing of Sick Children," by Miss Catherine Wood, of London; "Nursery Hygiene," by L. M. Yale; and "Puberty, Its Pathology and Hygiene," by Thomas More Madden. Each of these subjects is treated of in an eminently practical style. Their full mastery by the reader would, of itself, go far toward fitting him to cope successfully with the many ailments destroying infantile health and life.

Of the articles devoted to the consideration of special diseases, but little requires to be said beyond that they are always elaborately written.

Words fail to express our admiration of Dr. Keating's *Cyclopædia*. It is only through careful study of works of this character that the highest medical skill and knowledge can be acquired.

LECTURES ON DISEASES OF THE HEART. By Edwin M. Hale, M.D. With a Repertory of Heart Symptoms, by E. R. Snader, M.D. Third edition. Philadelphia: F. E. Boericke. 1889.

The call for a third edition of this work speaks well for its popularity. The present edition calls for special notice owing to the fourth part. (The work is divided into six parts.) Thus, part four consists of 107 pages, which are devoted to a valuable review of the recently discovered cardiac remedies. In this department is found a short but useful homœopathic proving of convallaria maialis, by Dr. Irving J. Lane. Dr. Hale has wisely incorporated in this part his recent article on glonoin which appeared in the *HAHNEMANNIAN MONTHLY*, for September, 1888. The therapeutic suggestions offered by Dr. Hale are such as have stood the test of his own experience. This makes them all the more valuable.

Part five consists of a 75 page "Repertory of Heart Symptoms," by Dr. E. R. Snader. This is an exceptionally fine piece of work and reflects credit on the industry and ability of its writer. Workers in the repertorial line will do well to consider its admirable arrangement. Part seven is devoted to miscellaneous papers on subjects relating to disorders of the heart. All of these articles have appeared in various medical journals. This is an innovation in book-making of which we do not altogether approve. We say this, feeling that these papers are well-selected and of inestimable value to the reader.

The publisher, as well as the author, has done his work well. Typography, paper, and binding are all excellent.

GLEANINGS.

CONDUCTED BY

S. LILIENTHAL, M.D.,

E. M. GRAMM, M.D.,

W. W. VAN BAUN, M.D.,

E. W. MERCER, M.D.,

H. I. JESSUP, M.D.,

AND THE EDITORS.

TREATMENT OF SCROFULOUS GLANDS.—In a paper read before the Harveian Society of London, Mr. Frederick Treves commented upon the varied uses of the terms of scrofulosis and tuberculosis in medical literature. It had been demonstrated at one time or another that scrofula was a tubercular process, that tubercle was a scrofulous manifestation, that the two processes were absolutely identical with each other, and they were totally separate from one another. These bewildering discussions had seriously affected the question of treatment, had raised numerous false issues, and had a serious influence on surgical progress. While some surgeons had condemned all operative interference on the ground that scrofula was purely a constitutional disease, others had been reckless with the knife on the ground that the affection was a purely local one. Mr. Treves believed that scrofulous affections were essentially tuberculous, and that the tubercular process was to be regarded merely as an inflammatory condition of a peculiar and destructive type. Phthisis, white swelling, caries of the spine, scrofulous orchitis and strumous adenitis were forms of one pathological condition. Acute miliary tuberculosis could no more be accepted as the type of tubercular disease than acute pyæmia could be regarded as representative of the suppurative process. So far as the glands were concerned the typical change in struma was caseation. It indicated a stage of the process, and a period in the development of the disease at which the question of operation could be best considered. The cheesy mass was in no way a deposit; it represented the débris of a chronic inflammation. It was entirely non-vascular and could undergo organic change. It was as much a foreign substance as the sequestrum in necrosis, and would in due course excite suppuration in the surrounding tissues, and be thus gotten rid of. Under no circumstances could the caseous mass itself break down into pus. The treatment of scrofulous glands had undergone remarkable change in the last few years. Struma had been the "mere despair of surgery," but, nowadays, its effects could be treated with precision. Mr. Treves was averse to any other local treatment than excision. He described his method of operation by means of two incisions, the scars of which were quite hidden. All other local treatment he believed to be quite harmful.—*British Medical Journal*, May 4, 1889.

SURGERY OF THE SPINAL CORD.—Dr. Lampiasasi, of Trapani, relates the case of a man, aged 28, who was thrown from his horse, which fell on him. There was sensory and motor paralysis, with loss of control of the bladder and rectum. There was some prominence of the twelfth dorsal vertebra. An incision was made over the spinous process and the bone exposed. There was fracture of the left superior articular process and of the left transverse process of the twelfth vertebra, with luxation backward of right upper articular process, so as to override the lower articular facet of the vertebra above. The two superior processes of the twelfth vertebra were resected, and the dislocation reduced. There was no improvement in the symptoms, and death occurred six days after the operation. At the autopsy there was found rupture of the lateral ligament, detachment of the intervertebral disc of the twelfth vertebra, which remained adherent to the eleventh, and projected two centimetres into the spinal canal, where it pressed on the front part of the cord.—*British Medical Journal*, May 4, 1889.

A NEW METHOD OF TREATING FRACTURE OF THE PATELLA.—Mr. Mayo Robson, of Leeds, has treated a case of fracture of the patella by a novel method with very successful result, bony union of the fragments having been obtained, to all outward appearances. In exhibiting the patient to the Clinical Society of London, he

pointed out how unsatisfactory were the results obtained by the methods usually resorted to, and added that, although he had never met with an accident in wiring the fragments, yet it was impossible to shut one's eyes to the fact that the patient was exposed to a great risk. He had therefore applied himself to the discovery of a method whereby the advantage of bony union might be secured without incurring the risk of opening the joint. In this case the skin over and around the joint was cleaned and rendered aseptic, and the joint was then aspirated. He then obtained two long steel pins with glass heads, such as ladies use for fastening the bonnet, and having thoroughly purified them, he drew the skin well up over the upper fragment, and introduced the needle transversely through the skin and muscle just above the level of the upper fragment, repeating the operation with the other needle at the upper end of the ligamentum patellæ. Gentle traction on the pins then easily brought the needles into apposition. The ends of the pins were then clipped off, leaving about half-inch on either side and covering the whole with antiseptic gauze. This dressing was left undisturbed for three weeks, and when it was removed there was no redness or sign of irritation having been caused. The temperature was never above normal, and the patient felt comfortable all the time. The fragment seemed well united and the needles were therefore withdrawn and a plaster-of-Paris splint applied, and the patient allowed to go home. He pointed out that the only precaution necessary was to draw up the skin over the upper fragment in order to avoid undue traction upon it when the fragments were approximated. The integument should be rendered aseptic as well as the pins, and the latter should be stout enough not to bend when drawn upon. If there was much effusion it would be desirable to aspirate. As union occurred without the throwing out of much provisional callus, it was always well to insist upon the use of Thomas's splint for some time after. The advantages of the operation were its simplicity, and the absence of risk, and the obtaining of bony union. He said that this was the second case of the kind on which he had operated, and more recently he had performed the same operation on a case of fracture of the olecranon, but as yet it was too early to say as to the result.—*Med. Press and Circular*, May 29, 1889.

THE COCAINE HABIT IN DISEASES OF THE THROAT AND NOSE.—Mr. Lennox Brown remarks that the use of cocaine when persisted in for any length of time, in cases of diseases of the throat and nose, gives rise to very injurious local effects. In the first place the drug even loses its analgesic effect after long use, as is exemplified in the diminished relief it affords after a time to dysphagia occasioned by tuberculous ulceration,—the most justifiable indication for its continuous employment. Similarly, while in the first instance promoting salivary and mucous secretion, it is later found that patients who long indulge in cocaine applications suffer from abnormal dryness of the throat. Further, its good effect in temporarily relieving capillary engorgement of the turbinated bones, etc., results, if its use is unduly prolonged, in either an anæmia with atrophy, or in a no less inconvenient increase in the intensity and chronicity of the hyperæmia. Lastly, he has seen two cases in which anosmia was induced or at least aggravated by this habit. It is needless to add that the amount of cocaine absorbed into the system has an injurious general effect on the health, in the shape of a debilitated vasomotor system.—*British Medical Journal*, June 1, 1889.

PHLEGOPHONY: A NEW DIAGNOSTIC METHOD IN CASE OF THE ABSENCE OF BRONCHOPHONY.—In an article on this subject, Schrwald (*Munch. Med. Wochenschrift*, 1889, S. 25) draws the following conclusions:

1. In many affections the testing of vocal resonance and bronchophony gives negative results, on account of the weakness of the voice. In such cases the voice can be entirely replaced, so far as concerns bronchophony, by the percussion of the larynx with pleximeter and hammer.
2. The percussion of the larynx is conducted to the chest-wall almost exclusively by the air in the bronchial tree, and only to a slight degree by the walls of the air-passages and by the soft parts of the body.
3. Over infiltrated pulmonary tissue the sound scarcely differs from its original character, and possesses three typical peculiarities—it is very loud, clear, and striking; it has a distinctly tympanitic resonance, and it feels to the ear as a short blow.
4. Over large portions of pulmonary tissue completely destitute of air, there is an extremely well-marked alteration of tone with open and with closed mouth. When the mouth is open the note is not only higher, but also much more tympanitic.

5. Over healthy lung tissue the note is duller, fainter, and especially is of a less distinct quality. It gives no palpation-impulse, and has no tympany or alteration of tone. It has, however, an evident and characteristic checking or jingling resonance.

6. Over an effusion the sound is weakened, or abolished, if the percussion is light. If the lung is also without contained air, the sound is not only weakened, but clear and slightly tympanitic; while if air be still present the weakened note has the characteristics detailed under Section 5.

7. Over large cavities the sound is even louder, more striking, and more tympanitic than over infiltrated tissue, while the alteration of tone is more evident, and the palpatory sensation of a blow more pronounced.

8. In pneumo-thorax the sound has a well-marked metallic resonance.

9. The intensity of the sound is greater in the healthy lung on the side of the chest opposite to the side of the larynx which was percussed. It is also greater on deep inspiration, and when the mouth is closed.

10. Owing to the convenient situation of the part percussed, the patient can, when necessary, perform percussion himself.—*Amer. Jour. Med. Sciences*, June, 1889.

BRONCHIAL CASTS FROM A CASE OF ACUTE PNEUMONIA—Dr. G. S. Reynolds exhibited to the Pathological Society of Manchester, casts which had been expectorated in a case of ordinary acute croupous pneumonia, which ended fatally. They were composed of pure fibrin, and were about six inches long from the upper end to the finest filaments; about thirty were coughed up in all. They were accompanied by no more hæmorrhage than the ordinary rusty sputum, and the patient had never had plastic bronchitis.—*British Med. Jour.*, May 25, 1889.

THE PREVENTION OF TUBERCULOSIS.—In a report for popular use, embodying the knowledge of the day on the prevention of tuberculosis, prepared by Drs. Biggs, Prudden, and Leonies, at the request of the Board of Health of New York City, they especially emphasize the following facts: 1st. That tuberculosis is a distinctly preventable disease; 2d. That it is not directly inherited, and 3d. That it is acquired by the direct transmission of the tubercle bacillus from the sick to the healthy, usually by means of the dried and pulverized sputum floating as dust in the air.

The measures, then, which are suggested for the prevention of the spread of tuberculosis are: 1st. The security of the public against tubercular meat and milk, attained by a system of rigid official inspection of cattle; 2d. The dissemination among the people of the knowledge that every tubercular person may be a source of actual danger to his associates, if the discharges from the lungs are not immediately destroyed or rendered harmless, and 3d. The careful disinfection of rooms and hospital wards that are occupied or have been occupied by phthisical patients.—*Medical News*, June 8, 1889.

THE PROPHYLAXIS OF DIPHTHERIA.—Dr. L. Bard concludes an exhaustive article on this subject, which was continued through six numbers of the *Lyon Medical*, ending March 24, 1889, with the following summary: The most reasonable and adaptable measures to insure the prophylaxis of diphtheria are as follows: 1. Prolonged isolation of the patients in special wards or buildings. 2. Total isolation of the sick, and also isolation—as far as possible—of those in attendance upon them. 3. Watchful care over those who might possibly be sickening with the disease, i.e., the brothers or sisters of the patients and others who have been thrown in contact with them. 4. Special inspection of schools, in order, as far as possible, to insure the removal of all convalescents and those with suspicious symptoms. 5. The immediate disinfection of the patient and all articles soiled by him. 6. The observation of rigid cleanliness and strict antiseptic precautions by all attendants of the patient, in order to prevent the spread of the germs through them. 7. Thorough disinfection of all utensils used by the patient, as well as of the room, etc.—*Medical News*, June 15, 1889.

THE MOVEMENTS OF THE THORAX AND LUNGS.—Dr. J. West Roosevelt (*Medical Record*, May 25, 1889), in an article on the movements of the thorax and lungs considered in their relation to certain pulmonary diseases, makes the following points: 1. It cannot be shown that any part of the lung moves, in proportion to its bulk, in respiration, less than any other. 2. That the part of the lung which actually (not necessarily relatively) must move least is that lying near the inner

surface. 3. That it is impossible for the upper lobes to be expanded, in any act of forced expiration, by air driven into them from the lower. 4. No explanation exists of the frequent selection of any lobe by any inhaled bacterium.

TRANSMISSION OF PNEUMONIA IN PREGNANCY.—Dr. Netter lately brought to the notice of the *Société de Biologie* a case confirming the possibility of the transmission of an infectious malady from the mother to the fetus in utero. A woman pregnant seven months and a half was admitted into the Hospital Beaujon for pneumonia of the apex of the right lung. The disease evolved regularly, and on the seventh day desquamation was produced. Two days after the fall of the body-temperature the patient was delivered of a child that lived five days. At the autopsy there was found distinct pneumonia of the right upper lobe accompanying fibrinous pleurisy, pericarditis, suppurating cerebro-spinal meningitis and otitis. Bacteriological examination demonstrated the presence of pneumococci in the lung and in the blood. It was therefore concluded that this pneumonia was clearly hereditary and not acquired, and that it had been transmitted by the mother to the fetus. Moreover, Dr. Netter demonstrated by experimental proof this pneumonic transmission. A guinea-pig, whilst pregnant, was inoculated with a culture of pneumococci; these microorganisms were found in the fetus.—*Lancet*, April 20, 1889.

EPILEPSY DUE TO CEREBRAL TUMOR; OPERATION; CURE.—M. Pean reported to the Paris Academy of Medicine, February 19, 1889, a case of partial epilepsy in which the seizures ceased after the removal of a cerebral tumor. The patient, a man, 28 years of age, had been subject to epileptic seizures for six years. They recurred regularly every ten or twelve days. For five years he was treated with bromides. By December, 1888, the attacks had increased in frequency, and the patient's life seemed endangered. The seizure was as follows: First, a painful spasm of the right big toe, then stiffening of the lower extremity of the same side, tonic and then clonic convulsions of this limb, which spread to the arm and the face on the same side. Loss of consciousness was inconstant, and when present always came on late. In the interval there was paresis of the right lower extremity. The diagnosis was a lesion of the motor centre for the right lower extremity or its immediate vicinity. There was no history of syphilis or tubercular antecedents, while the patient's age excluded cortical softening; hence tumor was decided upon. The lower extremity of the fissure of Rolando was first located, then its upper portion, in order to get its direction. Then a spot was marked to the left of the sagittal suture above and below the upper extremity of the fissure. The integuments were raised together with the periosteum; and the dura mater, which appeared perfectly healthy, incised crucially. Normal convolutions appeared in front and a yellowish white neoplasm behind; this was removed piecemeal without injuring the brain substance. Microscopic examination showed it to be a fibro-lipoma developing from the pia. Its size and weight were not given. The cavity was drained, the dura and skin sutured, and the whole wound covered with an iodoform sublimate dressing. Union was completed by the tenth day. The seizures decreased from thirty-six, the night before the operation, to six the night following; for two weeks there were some convulsions, hallucinations, delirium and paresis of the right side, which the writer attributes, inasmuch as the wound healing was perfect, to irritation of the cerebral substance by the operative manipulations. During the succeeding two months, *i.e.*, until date of presentation to the Society, there had been no epileptic seizures. The wound was firmly healed, the slight depression at the point trephined being barely perceptible. The author claims that this is the first case in France of trephining for cerebral tumor without external lesions to guide in localization.—*Revue de Chirurgie*, April 10, 1889.

CICATRICAL PYLORIC STENOSIS TREATED BY DIVULSION.—1. Reported by Dr. J. M. Barton in the *Times and Register*, May 25, 1889. Patient, female, aged 48 years. During '84, '85 and '86 suffered from gastric ulcer. Recovered in '87, and in '88 began to show symptoms of pyloric obstruction, copious vomiting, distension of the stomach, constipation, emaciation, etc. Free hydrochloric acid was not found. The abdomen was opened by a median incision, four inches long; the pyloric region was contracted and irregular; there were neither adhesions nor tumor. An opening was made in the stomach two and one-half inches long. The stricture, about the size of a No. 10 French catheter, was first enlarged with a uterine dilator until it admitted the index finger; then with œsophageal forceps until two fingers entered; these were separated one-half inch. The pyloric cir-

cumference was then four and one-half inches. The stomach wound was closed by a continuous silk suture of the mucous membrane, and then of the serous and muscular coats. Recovery was uninterrupted, food was given by the mouth on the fourth day, the patient was up in three weeks, and discharged cured in about two months. The writer has collected twenty-five cases of Loreta's operation, with a death-rate of 40 per cent. He insists on the following diagnostic points: Dilatation of the stomach, to be determined by physical signs, and distension with fluid or carbonic acid (developed by introducing separately bicarbonate of soda and tartaric acid); vomiting of large quantities (one or two quarts) of substances ingested for some time; absence of nausea and hunger after vomiting; obstinate constipation, not relieved by purgatives; history of gastric ulcer. Pyloric stenosis is either cicatricial or malignant. The presence of a tumor is of little differential value, except that in malignant cases it is apt to be lower. Long duration, over a year, steadily increasing symptoms of obstruction, without intermission or temporary improvement, bespeak stricture. So, too, hemorrhage, though less frequent, is more profuse in ulcer.

2. Under the care of Dr. F. P. Kinnicutt; operated by Dr. W. T. Bull (*Medical Record*, June 8, 1889). Patient male, aged 38 years. Indigestion for 18 months, eructations, epigastric pain and distress; vomiting increasing in frequency and copious, at times of "coffee-grounds" character, consisting of partly digested food taken during the twenty-four hours; obstinate constipation; dilatation of the stomach, the organ reaching to 4½ inches below the umbilicus, with a capacity of over two quarts. Free hydrochloric acid was present but in decreased quantity. The bowels were emptied and the stomach washed. The abdomen was opened by an oblique incision, six inches long and parallel to the right costal margin. The stomach was incised to the extent of two inches. The stricture, which admitted a No. 20 Charrière bougie, was gradually dilated by means of œsophageal and rectal bougies until two fingers could be introduced. These were separated about half an inch, giving a lumen of nearly two inches. Continuous catgut suture of the mucous membrane, twenty Lembert peritoneal sutures of silk, toilet of the peritoneum, iodoform over the stomach wound, catgut and two wire abdominal sutures, bichloride gauze dressing. Feeding by the mouth was begun on the third day, and union per primam completed by the ninth day. Eleven months later, dilatation of the stomach had diminished; digestion and nutrition were good and he had gained flesh. The operator has tabulated twenty cases; excluding two for good reasons; they give a mortality of 33.3 per cent. It is preferable to pylorotomy; laceration of the mucosa and even the serosa are to be guarded against; relapses may occur, Loreta, in a letter, stating he has met with three. Gastro-entorostomy, with the present improved technique (Senn's plates and Abbé's rings), will undoubtedly give better results than in the past. Pyloroplasty, as proposed by Miculicz, i.e., longitudinal incision from stomach to duodenum united in a transverse direction, is worthy of trial. He reports one case operated thus for unhealed ulcer followed by death; Heinke has done the operation once successfully.

THE ACCIDENTAL REDUCTION OF INCARCERATED HERNIA BY COUGHING.—Vandenabeeke reports two cases in which an incarcerated hernia was reduced by paroxysms of coughing. The first was that of a merchant, suffering from emphysema, who had acquired a hernia during a paroxysm of coughing, and this at once became incarcerated. During what bid fair to be fruitless effort at reduction, the patient was obliged to cough, whereupon, the hernia was felt to yield beneath the pressure of the fingers, and after another cough, was returned to the abdominal cavity. The second case was similar to the first one. The explanation of this phenomenon is probably to be found in the fact, that during the act of coughing, the inguinal ring becomes dilated, and the gases retained in the incarcerated intestine are liberated, diminishing the volume of the hernia, and thus rendering reduction possible.—*Journ. de Med. et Chir. prat.*

PULMONARY SYPHILIS.—Pulmonary syphilis makes its appearance either as a gummatous affection or as grayish infiltration of the lungs, the so-called white pneumonia. The latter is especially found in babies, the subjects of hereditary syphilis. While hæmoptysis is rare, most patients suffer from marked dyspnoea. Physical examination reveals the presence of consolidation or cavities, as in the case of phthisis pulmonum, but with this difference: In phthisis the apex of the lungs is the principal seat of the affection; while in pulmonary syphilis the lower lobes of the lungs are affected. Gummata in the pulmonary tissue are found in the first years

of life, often accompanied by an obstinate bronchial catarrh. In pulmonary syphilis there is little if any rise in the temperature; while in pulmonary phthisis, hectic fever prevails. The differentiation of the two conditions becomes very difficult when we have to deal with a patient in whom both syphilis and tuberculosis prevails. In lungs degenerated by syphilis, tuberculosis may appear, even in cases in which the patient is absolutely free from hereditary taint. In such cases many authorities recommend that the syphilis be first attacked by the iodide of potash, as mercurial treatment is too severe a strain on the state of such patients.—*Journ. de Med. et Chir. prat.*, 19, 1889.

POISONING BY GLYCERINE—A patient suffering from diabetes, took, by the advice of a friend, large quantities of glycerine, both by the mouth and by the anus. He purchased a cheap grade of the drug. After two weeks' use, gastric and abdominal symptoms set in, and when medical aid was applied for, he had a perfect picture of cholera nostras: collapse, vomiting, painful diarrhoea, cramps in the calves of the legs, etc., all of which ceased under suitable treatment, and discontinuance of the glycerine. It is a well-known fact that the glycerine of the trade contains considerable arsenic, and to this the attack above described may be attributed.—*Wiener Med. Presse*, 23, 1889.

MULTIPLE NEUROMATA IN CONSEQUENCE OF RAILROAD ACCIDENTS.—Dr. C. L. Stepp is convinced that affections of the central nervous system in consequence of trauma are not merely functional but arise from pathologico-anatomical changes. In two cases the patients at the time of the accident seemed to have suffered no lesion, but after weeks and months, pains in the head and back appeared, together with disturbances in the motility of the lower extremities and atrophy in the cutaneous formations of the head. The hair fell out of the scalp and beard, and much of what remained turned gray; and the features became sunken. In another case, where the patient fractured his ribs during a railroad accident, four weeks afterwards motor weakness set in with pains in the back, sacrum, thighs, and the upper and lower extremities, but no sensory disturbance. After six or seven months painful spots could be found in the back, buttocks, and upper and lower extremities. Careful examination revealed the existence of tumors of a tough consistency, immediately beneath the skin. These tumors were painful on pressure, and these pains radiated towards the periphery. These tumors, Stepp regarded as multiple neuromata, emanating from the subcutaneous nerves. He also believes that the motor disturbances are the result of similar tumors on the large deep-seated nerve-trunks.—*Deutsch. Med. Wochenschr.*, 4, 1889.

DIET IN NERVOUS AFFECTIONS OF THE STOMACH.—Richter, by reason of his experience with a number of emaciated neurasthenic subjects, who, when suffering from stomach difficulties, had been much reduced in body and mind by exclusive and deficient diet, says: "It is found that in cases of neurosis, the visceral symptoms of the disease were generally detected in the heart chiefly, and nearly as frequently in the stomach. If in neurosis of the brain and spinal cord, the innervation of the stomach is centrally disturbed, the symptoms will be chiefly neuralgia, cramp, paralysis of the stomach and vaso-motor and trophic disturbances of the latter. The paralytic symptoms of the stomach are usually put down to *atonía*, and frequently to dilatation. The forms of neuralgic affection and cramp are well known. Neuralgia, cramp, and paralysis of the stomach occur together and are often further complicated with catarrh, which, however, may again be caused merely by central lesion of the vaso-motor centres. All these disturbances may subsist with a normal or an abnormally small or excessive appetite. Until very recently the rule was to prescribe very careful diet, chiefly animal food and in small volume, e.g., milk, eggs, and easily digestible meat, while vegetable and fermentable food was restricted to a *minimum*. The result of such treatment was, that the patient lost in weight, fat and blood formation. Richter has found the new theory correct, that these forms of cramp, neuralgia, and paralysis of the stomach, as well as nervous catarrh, require an abundant and strong diet of mixed animal and vegetable food, while no indigestion has been caused thereby. The positive advantages of such a diet are, the formation of fat, improvement of the composition of the blood, an increase of weight and a diminution of local troubles. This is in contrast with the effects of such a diet in cases where there is primary catarrh of the stomach, in which strong mixed diet increases the gastric disturbances. This is a proof that primary catarrh of the stomach rests on a pathological basis different from that on which central neurotic

catarrh of the stomach rests. Richter then enters upon an explanation of the causes of the harm done by reducing the diet, and of the advantages of the opposite regimen. These effects depend (1) on direct or local influences; (2) on indirect influences of the diet, and (3) on considerations of a psychical nature. While in neuralgia and spasmodic affections of the stomach, direct stimulation by the ingestion of large quantities of food is needed only in a minor degree, it is of the first importance in the case of the paralyzed (atonic) organ as well as in one that is affected with nervous catarrh.

As in centrally caused constipation, i.e., paralysis of the intestine, small quantities of exclusively animal food make matters worse, while an improvement is effected in the peristaltic contractions by a judicious mixture of animal and vegetable food; in the same way the innervation of the sluggish walls of the stomach demands a similar stimulation by a voluminous diet if the atonia is to disappear. The same is true of the innervation of the gastric mucous membrane that is affected with nervous catarrh. Sometimes the nervous objections of the patients to a strong diet have to be overcome; but, this done, Richter has always found the result to be satisfactory. Nor is it as a rule necessary to arrange for a gradual transition from one form of diet to another.

The indirect advantages of a strong mixed diet in nervous affections of the stomach are even greater than the direct. The causes of central neurotic disturbances are mostly anæmia and nutritive disturbances of the central nervous system, the latter being caused by the former. If, then, the centres of innervation of the stomach be disturbed in their nutrition, nervous stomach troubles follow. It is evident, therefore, that reduction of diet must cause deterioration in the composition of the blood, disturbances of general nutrition, with loss of weight, and consequent disturbance of nutrition in the central nervous system, which again must lead to increase of the stomach troubles. Whenever, therefore, the nutrition of the brain and spinal cord appears to be bad, give plentiful and nourishing food, instead of complicating the disease by stinting in food. Further, it must be observed that the prescribing of a painfully careful, and exclusive diet, has a bad psychical effect in cases of hypochondria and neurasthenia. Such patients, who are generally introspective, are encouraged in their fancies as to what is good for them, and may easily come to take next to no nourishment. This anxiety about their diet irritates the brain, and, through it, the action of the stomach. Therefore, tell such patients to eat nearly anything. They are often very perverse. Some have a revulsion against meat, others have an insuperable inclination to take acid food. By attacking these perverse inclinations, you will help to strengthen their will and power of resistance. The increase of weight must be carefully registered. In anæmic, badly nourished subjects, it is of the utmost importance, for even with corpulent subjects the loss of weight has a bad effect on the nervous system.—*London Medical Recorder*, June 20, 1889.

HOT INJECTIONS OF 40° R. POST PARTUM.—In regard to the use of injections, post partum authors have differed greatly in their opinions and at present the discussion of the subject appears to have somewhat quieted. When there are positive indications for antiseptic precautions, as in cases where operative interference is necessary, in fact, where there is any deviation from the normal, the course is clearly defined. But in perfectly normal cases, as it is impossible to say that there may not have been some infectious matter in, or carried into the genital tract, to cause offensive lochia and perhaps symptoms of general infection on the third or fourth day, Dr. Deipser recommends the use of the douche in every case, and, as after the use of some of these disinfectants poisonous symptoms have followed, he uses water at 40° R. (122° F.) and gives the following rule for its use:

After every confinement soon after the removal of the placenta and continuing for six days, a vaginal injection of one litre or about a quart of hot water at 40° R. should be given daily, the patient being in the reclining posture with the bed-pan under her.

1. The temperature of the water is such as to prevent the multiplication of bacteria, and though there may be present no germs, the stream removes all clots and foreign substances from the vagina. With the ordinary disinfectants, the temperature of the irrigation is usually that of the body, which may rather predispose to post partum hæmorrhage, whereas the water at 40° R. causes strong contractions, and may even be of use where the uterus is inclined to be relaxed as a preventive of bleeding. Infection is also less liable to occur when the uterus contracts firmly.

2. This method is without danger, and can be employed at all times. On account

of the position, and patulous condition of the cervix, a portion of the water may enter the cavity of the uterus, but this cannot be but beneficial, stimulating more directly contraction and the closure of the vessels by contact with their bleeding ends. Very different is it with sublimate injections, where the cases of poisoning are supposed to have been caused by the fluid entering and remaining in the cavity of the uterus, there to be readily absorbed.

3. Nurses can be trusted and can do no harm with the hot water injections.

On account of the greater sensitiveness of the skin and outer soft parts, they are covered with vaseline and the stream is frequently interrupted.—*Centralblatt für Gynäkologie*, June 1, 1889.

IS ANTIFEBRIN DANGEROUS?—Dr. A. L. Saylor, in answer to the above question, writes as follows: "Various authorities agree in pronouncing antifebrin a safe and reliable antipyretic, useful in quickly reducing temperature without any untoward results. Yet my experience does not justify me in coinciding with my contemporaries, as results will show. Having had personally but limited experience with the drug, I concluded, recently, to test its properties in a case of infantile fever by administering a 4-grain dose to a child of three years of age, whose temperature persistently remained at from 101° to 103°. Hardly had one-half hour elapsed when I was summoned to the bedside to find that the dose had done its work effectually, as the temperature was below normal, with impending collapse indicated by cold extremities, feeble respiration, and labored heart's action. Prompt administration of restoratives prevented the impending result, and the patient was eventually restored to health, but under other treatment than that afforded by antifebrin. As no organic heart derangements existed, and the drug was supposed to be a prime article, we are at a loss to account for its peculiar action in this instance, unless some idiosyncrasy of the patient existed, or the much vaunted antipyretic properties of the drug are of a dangerous character. If so, it should be administered with circumspection."—*The Times and Register*, June 8, 1889.

STROPHANTHUS IN UTERINE HÆMORRHAGE.—A. Williams, M.D., writes: "In strophanthus we have one more drug that can be added to the small number that in any degree control the discharge of blood from the uterus. In properly selected cases it has a decided influence to stop and control uterine hæmorrhage. The cases are such as have been debilitated from long-continued and profuse menstruation, or from loss of blood at other than menstrual periods where the uterus is heavily congested, a condition common in these patients. In these it acts well."—*Archives of Gynecology*, June, 1889.

TUBERCULOSIS OF THE LUNGS CURED BY FACIAL ERYSIPELAS.—A case of facial erysipelas of three days' duration, with a temperature of 41°-43° C., occurred in the hospital at Dillingen in a man who, for a year, had suffered with consumption of the lungs. The diagnosis was made certain by the physical signs, through percussion and auscultation, fever and cough, with expectoration, but the examination for tubercle bacilli was not made. From the day of the disappearance of the erysipelas, the picture of the disease changed as by one stroke. No fever, no cough, no sweats further appeared, and, appearing to be convalescent, the patient left the hospital, and was able to go about his work, returning in six months afterward completely recovered. The excessive temperature is supposed to have had the effect of killing the tubercle bacilli.—*Centralblatt für Gynäkologie*, May 18, 1889.

AN ANOMALOUS PREGNANCY.—Dr. Gray reports a very interesting case of a lady who had an abortion of about six weeks, and seven months thereafter was confined of a full-term child. She had a *uterus septus bilocularis*, and the full-term child belonged to the left division. There had evidently been a twin pregnancy, the right horn aborting at six weeks, and the left going on to full term.—*Dublin Journal of Medical Science*, July, 1889.

A VARIETY OF POST-PARTUM SHOCK; ITS NATURE, CAUSES, AND PREVENTION.—Mr. J. Haig Ferguson reports three cases of shock coming on immediately after delivery. The condition of collapse lasted fully three hours. Free injection of stimulants, both into the rectum and under the skin, and champagne by the mouth as soon as the ability to swallow returned, gradually, as it were, brought them back to life. In from eight to twelve hours they had completely recovered from the shock. In none of the cases did anything unusual occur during the first and second stages of labor; and the patients, up to the beginning of the third stage, were in a

perfectly satisfactory condition. All of the patients complained of unusual tenderness when the uterus was grasped by the hand in the usual way after the expulsion of the child; and when the uterus was compressed more forcibly, according to Crede's method, in order to squeeze out the separated placenta, the pain became so intolerable as to completely awaken them from their partial anæsthesia, and they shrieked in agony. The shock in each case occurred either during or immediately after the expulsion of the placenta from the vagina, and when the uterus was being firmly grasped through the abdominal wall. The author thinks that there can be no doubt that the cause of the symptoms was the fact that one or both ovaries were being squeezed and bruised by the pressure of the external hand compressing one or both against the hard contracted uterus. Mr. Ferguson says he has seen analogous conditions occur in cases of abdominal section, when the ovaries are somewhat roughly handled. It is suggested that in order to avoid this danger arising from the application of Crede's method of delivering the placenta, care should be taken to grasp the uterus on its anterior and posterior surfaces only. This is not always done by any means, owing to the fact that in pregnancy the uterus becomes rotated to the right on its longitudinal axis, so that the left ovary comes to lie more anteriorly.—*Edinburgh Medical Journal*, July, 1889.

HÆMATOSPERMIA.—The mixture of blood with the semen imparts to the latter fluid different colors—red, brown, or that of pure blood. It seems that the appearance of blood-corpuscles in the seminal vesicles diminishes the quantity and the vital activity of the spermatozoa. The blood, in cases of hæmatospermia, may emanate: (1.) From an urethritis, in which case it is only slightly mixed with the semen, and appears in strips. (2.) During the course of an acute or chronic prostatitis. Here, also, the mixture between blood and semen is not thorough, and the blood is only found in striae. (3.) In acute epididymitis. In genuine hæmatospermia the seminal vesicles are the seat of the hæmorrhage. It occurs either as a consequence of inflammation of the seminal organs, or after excesses in coitus, after masturbation, or from sexual abstinence. Frequent ejaculation in the old often leads to a hyperæmic state of the genital organs.—*Gaz. Med. de Paris*.

SENILE PRURITUS.—Besnier advises, in cases of senile pruritus, that the patient bathe in a solution containing to each litre a solution of acid carbolicum 10.00 to 500 grammes of acet. aromat. This should be followed by dusting the affected parts with amylin, 90; bismuth salicyl., 20.0.—*Deutsche Med., Wochenschrift*.

TUBERCULAR PERICARDITIS.—Hayem and Tissier describe a form of tubercular pericarditis which is characterized by a nearly total obliteration of the pericardium, and by the insignificant extent of the tubercular process in other organs of the body. Clinically, it offers no diagnostic symptoms, so that the diagnosis can only be made at the autopsy. The most frequent result of tubercular pericarditis is obliteration of the pericardium (24 times in 38 cases). The disturbance in the action of the heart arises rather from the obliteration of the sac than from degeneration of the cardiac muscle. The heart itself is often normal in these cases, though it may sometimes be hypertrophied and dilated, particularly on the right side. At any rate, myocarditis is of secondary importance. The lungs are often free from all tubercular process. Sometimes one meets with traces of a former lesion. In nearly all cases tubercular deposits are found in the pleura, and the lymphatic glands at the base of the heart are in a condition of caseous degeneration. Weigert believes tuberculosis of the pericardium to be present in 1 out of 128 cases of tuberculosis, and that it arises mostly by contiguity of structure, either from tuberculosis of the sternum or of the vertebral column, from tuberculosis of the pleura, or from tuberculosis of the bronchial glands, or it may be the result of progressive dissemination of the tubercular process. The course of tubercular pericarditis is usually a latent one. Secondary affections often manifest themselves, as pleuritis and enlarged liver. As regards the symptoms, it may be said that hardly any of the usual symptoms found in obliteration of the pericardium are here observed. The absence of the *tic* at the apex is constant; the pulse may be small, regular, and more or less accelerated. One may suspect tubercular pericarditis when persons hitherto strong emaciate, bleed at the nose, have evening fever, bilateral pleural exudation, ascites, and signs of disturbed cardiac action.

On paracentesis, the fluid in the pleural and abdominal cavities is found to contain many red, but few white, blood-corpuscles. Slight œdema of the lower extremities and enlarged liver are observed. Death occurs in from four to eight

months after the appearance of the pericarditis, either from cardiac insufficiency or from intercurrent affections.—*Deutsche Med. Zeitung*, 39, 1889.

OZÆNA VERA.—Ozæna vera has nothing in common with syphilis, tuberculosis, etc.; but, on the contrary, generally develops from a simple chronic catarrh, more frequently in young persons and in women. An examination of the nose in these cases reveals a peculiar atrophic condition of the mucous membrane, which is pale, thin, and shining, and of tendinous appearance, instead of bluish-red and velvety. Discolored, greenish, glutinous crusts and scabs of penetrating fœtor adhere to the conchæ, which form only small flat plates. All this tends to make the nasal cavity appear more roomy than normal. Some look upon fatty degeneration of the tubular and acinous glands as the cause of this condition. In all such cases the ciliated epithelium of the nose becomes changed into pavement epithelium; in other words, it becomes "epidermoidized," and the throwing off of the superfluous and softened pavement epithelium gives rise to the well-known foul odor.—*Volkmann's Klin. Vorträge*, 340.

ACUTE ARTICULAR RHEUMATISM OF CHILDREN COMPARED WITH THAT OF ADULTS.—The articular lesions of acute inflammatory rheumatism are of less gravity the younger the patient is. In many cases of the disease in children they may be entirely absent, while other rheumatic symptoms, as endocarditis, pericarditis, chorea, etc., are relatively frequent. The subcutaneous rheumatic nodules sometimes found in children are but seldom met with in adults. The single symptoms of rheumatism are not observed so close together in children as they are in grown persons. Thus, one may, in the case of a child, see first an endocarditis, then a chorea, somewhat later a tonsillitis, and, after a longer or shorter interval, articular symptoms. Endocarditis is found in 76 per cent. of the cases of rheumatism in children, while in the case of rheumatism of adults it is only met with in 46 per cent. of the cases.—*Semaine Medicale*.

TRISMUS AND TETANUS IN GONORRHOEAL ORCHITIS.—Dr. Samter reports the case of a man, aged twenty-eight years, whose whole body, with the exception of the upper portions of both arms, was attacked with tetanic spasms, following gonorrhoeal orchitis, with a *fistula testiculi sinistra*. The disease had reduced the testicle to almost nothing in point of size. The tetanus yielded to large doses of chloral hydrate.—*Berlin. Klin. Wochenschr.*, 19, 1889.

PSORIASIS CAPITIS.—Stern recommends for psoriasis capitis: *Præcipit. alb.*, 10.0; *sapon. nigr.*, 40.0; *lanoline anhydr.*, 50.0. *M. Ft. ung.* S. Rub in every evening a portion the size of a nut.

After four days all the scales are gone, and the affected parts become smooth and take on a normal appearance. It is usually advisable to continue the application of the lanoline alone for a time longer.—*Med. Chir. Rundschau*, 1889.

SOME GYNECIC USES OF BORIC ACID.—Being compelled to abandon the use of iodoform in practice on account of an unpleasant effect it had on his hands, Dr. W. Potter, of Buffalo, began the use of boric acid as a substitute for the same. As a result of his first experiment with it he reached the following conclusions: 1. That boric acid was an antiseptic of no mean value for intra-vaginal uses. 2. That it was chemically adapted to neutralize the acidity of the uterine and vaginal discharges, and thus contribute to the cure of sterility due to such causes. As a result of more extended use he claims for boric acid the following advantages: 1. That boric acid is suited to many gynecic operations where antiseptics are required. 2. That it can claim superiority for vaginal tamponnement by reason of (a) odorless, (b) colorless, (c) non-irritant, chemical properties; these admitting of its frequent, liberal, and prolonged employment where this method of treatment is indicated. 3. That it is a remedy of value in sterility due to acrid secretions that destroy the fecundating power of the spermatozoa. 4. That it is one of the best powders to render operation wounds in the genital tract aseptic.

The following is the method advocated by him for applying the boric acid treatment: First. Place the patient on her back and administer a copious vaginal lavement. Second. Direct her to assume the knee-chest position, introduce a Sims speculum or other retractor, wipe the vagina dry with absorbent cotton, dust the whole surface well with boric acid by means of a powder blower. Third. Place two or three pledgets of cotton around the cervix, then turn into the vagina such a quan-

tity of boric acid as may be desired,—say a tablespoonful,—and finally pack it neatly and quickly, even firmly, with wool-pledgets, distributing the pressure where most needed.—*Journal of the American Medical Association*, July 13, 1889.

SOME OF THE RARER AND GRAVER FORMS OF CINCHONISM.—Dr. I. E. Atkinson, of Baltimore, read a paper with the above title at the recent meeting of the American Medical Association. This paper treated of blindness, deafness, and general poisoning from the excessive use of the cinchona preparations, and was intended to show that the lavish use of these remedies so frequently resorted to, is not justifiable on account of the dangers entailed. The writer had collected more than fifty cases of quinine amaurosis, and showed that impairment of vision from this cause is much more frequent than is currently believed. Usually blindness only follows excessive doses, but definite effects cannot always be attributed to definite doses, and blindness has been known to follow as small a dose as twelve grains. It may develop slowly, or, as is usual, suddenly. The duration of total blindness may be from a few hours to many weeks. It is never permanent. Perfect vision is, however, never recovered. Careful observation has shown that the symptoms are pretty constant. They are: 1. Transitory blindness, complete or incomplete. 2. Color blindness. The color sense usually is restored ultimately. 3. Wide dilatation of the pupil which is irresponsive to light. 4. Pallor of the optic discs and extreme diminution of the retinal vessels. 5. Contraction of the visual field. This never entirely disappears.

Impairment of hearing with tinnitus is almost always present, but rarely lasts longer than twenty-four hours. A number of variations from the type are noted. Idiosyncrasy undoubtedly plays an important part in the development of these symptoms. The pathology of quinine amaurosis is not understood. The effect is probably a local one exerted upon the bloodvessels of the part. The dose competent to produce blindness varies greatly. Though blindness probably always results when the dose has been lethal, as much as one ounce, failing to produce general poisoning, has been known to affect vision. In a number of cases patients have been known to become blind after thirty or sixty grains given within a few hours.

Complete permanent deafness has never been known to follow the use of quinine, and permanent impairment of hearing from the same cause is very uncommon, not so uncommon, however, as is generally supposed. Roosa, Burnett, Greene, and others, have given abundant reasons for their belief that permanent partial deafness may occur. In these cases, however, a decided hyperæmia of the auditory apparatus is produced.

General poisoning from the cinchona preparation is rarely fatal. Baldion reports a death from twenty grains to a child, six years old, given in forty-eight hours. Deaths have also followed the administration of one hundred grains given in two days, and of one hundred and twenty grains in doses of five grains repeated every hour. In severe cases the patient's condition may border on collapse. There will be extreme prostration, with or without loss of consciousness, or coma, lowered temperature, gradual weakening of the pulse and respiration, chilling of the entire surface, copious cold sweats, deafness, dilatation and immobility of the pupils, blindness, and lividity. Convulsions have been reported in a goodly number of cases. The exact nature of these convulsions has not been determined.—*Medical News*, June 29, 1889.

TANACETIC RABIES.—Sometime since, Dr. Peyraud, of Libourne, made interesting investigations on what he called tanacetic rabies. A number of observations made on oil of tansy (oleum tanacetii) injected into the veins of animals, led him to think that he had found a substance causing a sort of artificial rabies, and consequently apt to vaccinate animals against true rabies. His memoir was presented to the Academy of Medicine, and by that body referred to a committee to examine the paper and report upon it. The following were conclusions presented by the committee and accepted by the academy: 1. Oil of tansy when injected in certain doses into rabbits' veins will cause a poisoning whose symptoms resemble those of true rabies. 2. A ten per cent. solution of chloral, on being mixed before inoculation with the rabic virus, appears to alter, and even destroy, its virulent properties. 3. When oil of tansy is injected near a point where a rabic inoculation has been performed, it seems to act to a certain extent as an antidote. The number of cases so far observed by Dr. Peyraud is perhaps too small to warrant a definite conclusion, but the experiments are very interesting, and deserve to be carried further. 4. The same remark applies substantially to the effect of choral injections. 5. As regards

the preventive value of oil of tansy injections against a subsequent inoculation of rabic virus, the experiments are still less conclusive, owing chiefly to their insufficient number. In consequence, the committee were of the opinion that "Dr. Peyrand should be thanked for his interesting researches, and encouraged to continue them, and endeavor to impart more precision to the method recommended by him."—*Therapeutic Gazette*, July 15, 1889.

TREATMENT OF CHRONIC NERVOUS URTICARIA WITH ANTIPYRIN.—The common causation of urticaria is to be found in some gastro-intestinal disturbance which is properly treated by suitable diet and alkalies. Professor Hardy would, however, recognize a form of urticaria of nervous origin in which nervous remedies are indicated, and in which Dr. Nitot (*Journal de Médecine de Paris* for June 2, 1889) would attribute almost specific powers to antipyrin. Dr. Nitot reports in full four cases all occurring in young women who had since early childhood been subject to attacks of urticaria in which alkaline treatment had utterly failed to produce any relief. In one of these the eruption appeared periodically each day, and Dr. Nitot recommended the use of antipyrin in seven and a half-grain doses two or three hours before the expected period of eruption. After four days of this treatment the eruption disappeared entirely, and did not return. His other cases are somewhat similar to the above, with the exception that the periodic element was not so well marked. In very chronic cases the improvement was less marked than in recent cases, though even then the cure was progressive and continuous.—*Therapeutic Gazette*, July 15, 1889.

ANTIPYRIN EPILEPSY.—Tuczek has reported a case in a boy nine years of age to whom antipyrin was given to allay paroxysms of whooping cough. The patient had never suffered from convulsions, rickets, or worms. The dose given was about seventeen grains daily in three doses, for the space of three weeks. At the end of this period the patient was seized with vomiting, and passed into a state of somnolence, ending in deep sleep. Rapidly ensuing epileptic spasms followed, sometimes general, sometimes unilateral, accompanied with grinding of the teeth and jactitation, arrhythmia of the cardiac beat, and dilatation of the pupils. A macular eruption appeared on the skin, and the temperature became subnormal, while the pulse was slow and tense. On the third day of poisoning, consciousness began to return, the convulsions diminished in severity, and ceased entirely on the fourth day. For a few days the child was depressed, but completely recovered. It is interesting to find that during the whole period of the attack there was acetoneuria—a condition which is ascribed by Tuczek to the increased destruction of the albuminoid constituents of the body caused by antipyrin. During the poisoning there was, as might have been expected, no attacks of whooping cough, but afterwards the paroxysms returned with increased severity, and lasted for some months.—*British Medical Journal*, June 29, 1889.

THE TREATMENT OF HÆMOPTYSIS.—Dr. Böttreck, of Hagen, finds opium, with acetate of lead, the most efficacious when bleeding from the lungs has just set in. It combines the action of hæmoptysis and diminution of the cough. After two or three days he gave instead hydrastis, which drug he ordered from the beginning when the hæmorrhage was only slight. It had mostly a very decided effect. In one case of hysterical hæmoptysis its administration entirely stopped hæmorrhage after the first week. Also in cases of frequent bleeding from the nose, hydrastis proved very serviceable, not against a single attack of profuse epistaxis, but against repeated recurrence of the bleeding. In such cases he has used the drug for the last two years, and is very well satisfied with the results.—*The Medical Record*, May 18, 1889.

THE INDUCTION OF PREMATURE LABOR IN BRIGHT'S DISEASE.—Dr. James Tyson, in a paper read before the American Medical Association, stated that premature labor should be brought on: 1. In cases of Bright's disease where in previous pregnancies the symptoms had been extremely severe and dangerous. 2. In all primiparæ in whom there is Bright's disease previous to pregnancy. 3. Those in which we have not the knowledge acquired in the previous cases. A large number of such cases terminate by miscarriage, and terminate well for the mother. It further stated, it might not be a bad idea to examine the urine of every woman before marriage. A few cases may progress to full term without fatal issue, but these are exceptional cases. Each case must be decided on its own merits.

MONTHLY RETROSPECT

OF HOMŒOPATHIC MATERIA MEDICA AND THERAPEUTICS.

CONDUCTED BY

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PROVINGS.

ANTIFEBRIN.—A thirty-eight-year-old book-binder received two doses of anti-febrin of thirty grains each in the course of a day. After the second dose the following symptoms appeared: Cool sweat, tiredness, vertigo, confusion of mind, anxiety, palpitation of heart, small pulse, and intense cyanosis. These symptoms gradually disappeared, although the weakness persisted several days.—*Allg. Hom. Zeitung*, No. 20, 1889.

CONIIN.—After the olfaction of the vapor arising from coniin, great weakness, sensation of tiredness, violent headache, loss of ideas, inability to fix the thoughts, and profuse universal sweats, were experienced. In thirty-six hours they disappeared without any particular medication.—*Allg. Hom. Zeitung*, No. 20, 1889.

SULFONAL EXANTHEM.—A patient, æt. 40, who was suffering with chronic metritis, received two grammes of sulfonal for nervous sleeplessness. Sleep was not produced, however; but in the morning a diffuse scarlet exanthem, accompanied by itching, appeared on the outer side of each mamma. The redness was marked and sharply defined. By evening the inner side of both arms was symmetrically affected by it and it had spread towards the middle line. At the end of a month the inner side of each mamma and the scrobiculum were affected, the eruption having met in the middle line.—*Allg. Hom. Zeitung*, No. 20, 1889.

PYROGALLIC ACID.—Pyrogallallic acid was used by Dr. Noel Patton for the purpose of breaking down the corpuscles of the blood in dogs, which were observed to be in a state of nitrogenous balance, and for some time before the use of the pyrogallallic acid, the urea secreted was found to be very constant. Two grammes of pyrogallallic acid were given with the following results: The amount of urea was nearly doubled. The urine was dark in color from the presence of hæmoglobin, but there was no albumen. In other experiments by the same author with an increased dose the urea was still more increased, the urine contained abundant hæmoglobin and albumen, but no blood-corpuscles, and jaundice was well marked. An anæmic condition was observed as a consequence of the excessive destruction of red corpuscles. The number of red corpuscles was calculated daily, and when the excretion of urea was at the highest amount, the corpuscles were diminished to less than one-third of the number. The red corpuscles had been counted and found constant for some days before the pyrogallallic acid was given.

"Since these experiments I have not seen a case of hæmoglobinuria, but I have published this notice of the experiments in order to suggest to others the use of pyrogallallic acid when indicated by anæmia and the other symptoms noted above. I have, however, employed pyrogallallic acid in the 1x and 2x dilution in ordinary anæmia without any definite results."—Dr. J. Gibbs Blake, *Monthly Homœopathic Review*, July.

TOLUYLENDIAMIN.—"The provings of toluylendiamin by Stadelmann show that hæmoglobinuria is in some cases produced without albumen and without any red

corpuscles, but if large doses of the drug be given, albumen and red corpuscles are found in the urine. Changes were also noticed in the kidneys. Destruction of the epithelium of the tubules and casts of tubes were observed, also fatty degeneration of the epithelium. Crystals of hæmoglobin were found in the tubules of the kidney. The cells of the spleen were destroyed, and masses of yellow pigment were found in that organ. The liver had undergone fatty degeneration, especially the cells, and the natural amount of pigment was found. Leucocytosis was found in the liver. Afanassiew gives similar results with his experiments with toluylendiamin, which was found to resemble phosphorus in its action upon liver and kidneys, but not to produce the same amount of yellow atrophy of the former."—Dr. J. Gibbs Blake, *Monthly Homœopathic Review*, July.

MATERIA MEDICA.

CALCAREA FLUORICA.—Dr. C. H. Thompson has found *calcaria fluorica* useful in varicose veins, with sharp, piercing pains in the veins (so much so that the patients cannot be on their feet, but have to go to bed); also in neuralgia, nodes of the breast, with sharp, lancinating pains, simulating cancer, and in enlargement of the lymphatic glands, almost scirrhus-like in hardness, and very painful.—*California Homœopath*, June.

MELILOTUS.—This remedy is of service in congestion of the head, epistaxis, dry coughs, palpitations, nervousness, confusion of thought, and is useful in capillary congestions (and the various motor and sensory disturbances caused thereby), soreness and pleuritic pains, smothering sensations, cramps, colic and neuralgia.—*California Homœopath*, July.

NATRUM HYPOCHLOROSUM IN WOMEN'S DISEASES.—Natrium hypochlorosum as a gynæcological remedy combines the symptoms of many other drugs. It is characterized by debility in persons of lax fibre and mental and physical slowness. This debility, when attending sexual disorders in women, is accompanied by emaciation and tendency to neurasthenic symptoms. In connection with uterine disease the following symptoms are indications for its employment: Menstrual blood black and clotted (crocus); bearing down in the uterus, which is congested, large and sensitive; constant oozing of blood, worse from any exertion (several drugs have the last symptom, crocus, sabina and secale prominently); womb feels as if it opened and shut (feels as if the os uteri were wide open, lachesis); sensation as if the uterus was pushed up when she sits down (ferrum iodatum, with bearing down in the pelvis); swelling of the left ovary at the menstrual period (lachesis, swelling of the left ovary, with pain, which increases more and more until relieved by the appearance of the menses). A close comparison with these various drugs shows that natrium hypochlorosum needs very careful differentiation in prolapsus uteri.—*Homœopathic Journal of Obstetrics*, July.

PICTOZIN AS AN ANTIDOTE.—Prof. Bokai believes he has found an antidote to morphine in *picrotozin*. He further believes that this remedy will act as a compensating one for the preparations of *nux vomica*, and further, that it will prove prophylactic for chloroform asphyxia.—*Allg. Hom. Zeit.*, vol. 118, No. 26.

SOME SYMPTOMS OF VISCUM ALBUM.—Dr. Philip Porter, in the July *Homœopathic Journal of Obstetrics*, quotes a few indications for viscum album, given by Dr. William Boericke: Pains, periodic, worse in bed, and from cold wind. Tearing, shooting pains from above downward in both thighs, with restlessness and prostration. In obstetric practice, weak pains, also in adherent placentas. Hæmorrhage from female sexual organs, accompanied by pain, blood partly red and partly in clots; hæmorrhage with violent, contractive, labor-like pains; hæmorrhages (continual), at one time in a stream, at another in clots of a blackish character. Periodic pains, proceeding from the sacrum into the pelvis, worse in bed, accompanied with tearing, shooting pains from above downward, in both thighs, as well as in the upper extremities, with sleeplessness and general prostration. Metrorrhagia at the climacteric; areolar hyperplasia; subinvolution. Viscum album acts on the ovaries, especially the left, relieving dull, heavy, ragging pain.

THERAPEUTICS.

CHELIDONIUM IN MALARIAL NEURALGIA.—Dr. St. Clair Smith prescribed *chelidonium* 30 to a lady who had suffered for weeks from pain in her back, right side, over the liver, and in right arm, particularly the forearm and right side of abdomen as far as the umbilicus. The pain was twisting, as if the back was torn asunder. She was very despondent. Large doses of quinine and morphia had been given without result. The *chelidonium* caused a rapid and complete recovery.—*N. A. Journal of Homœopathy*, June.

KALMIA IN NEURALGIA AND PTOSIS.—Dr. H. R. McMichael reports a case of supra-orbital neuralgia with ptosis. Pain extended into the eyes, but most of it was over the orbit. The condition had existed for three months, and almost every remedy was given without avail. *Kalmia* 1x was now prescribed. The patient was better in twenty-four hours, and in ten days was well. Recurrences have been few, and have always been relieved by *kalmia*.—*Therapeutic Notes, N. A. Journal of Homœopathy*, June.

KALMIA IN FACIAL NEURALGIA.—Dr. O'Connor prescribed *Kalmia* 200th and 6th for a case of neuralgia of many months standing, and cured rapidly and brilliantly.—*N. A. Journal of Homœopathy*, June.

AGARICUS MUSCARIUS IN CHOREA.—In the *Allg. Homœo. Zeitung*, vol. 118, No. 24, Dr. Amberg reports an interesting case of chorea in a boy of twelve. He lay in bed helpless for a long time. During the paroxysms the body was bowed; the left knee bent; and, as a result of tonic spasms, the left arm was held tightly against the body. At times during the attacks there would be loss of consciousness and delirium (chorea major.) For a long time severe headache and toothache had existed, with loss of appetite. *Belladonna* 6x was given with little effect, but *agaricus mus.* 3x cured the case promptly, so far as the foregoing symptoms were concerned, but there still existed a scrofulous condition, an eczema of the nose, some strumæ, and a moderate degree of exophthalmus, all of long standing.

INDICATIONS FOR MEDICINES USEFUL IN INSOMNIA.—In an article on "Sleeplessness," appearing in the *June Medical Counselor*, Dr. J. A. Gann gives the following indications: Insomnia of students and business men, *gelsemium*. From gastric irritation, *arsenicum* (and plenty of hot water). From chronic gastric disturbances, with gaseous formation, *nux vomica*, *china*. From enteric causes, *belladonna*, *chamomilla*, *lycopodium*, *sulphur*. From pulmonary causes, *belladonna*, *bryonia*, *veratrum viride*, *phosphorus*. From melancholy, *cimicifuga*. From mental inability, with tendency to delirium, *hyoscyamus*. From mental excitement, *coffea*. After fevers and exhaustion, *moschus*.

BAPTISIA AS A PROPHYLACTIC AGAINST TYPHOID FEVER.—"Having been called out to attend a typhoid patient, who had contracted the disease from his brother, I was told by a member of the family that the sister was in a great fright of being laid up with it; so I made up for her half a dozen powders of *baptisia* 1x. The mother has since informed me that on receipt of the medicine the young lady took three of the powders, one after the other. She was at the time suffering with a very heavy cough. The cough entirely left her, and she has enjoyed good health ever since."—Dr. Wm. A. Nicholas, *Monthly Homœopathic Review*, July.

BAPTISIA IN TYPHOID.—"No drug has yet been discovered which will stop the fermentative process when once the germs have been received into the system. *Baptisia* tincture was once supposed to possess this power; but, used with such expectations, it is a failure; still, its symptomatic *tout ensemble* is sufficient to prove that it must be of value in all typhoid conditions. That it acts as a germicide or as an antidote I do not believe. I consider it rather as a true homœopathic remedy for the condition, and I believe it acts by fortifying the system against the generated poisons. I always give *baptisia* in two to five drop doses, in all typhoid states, whether enteric, gastric, diphtheritic or slow fever, and I am sure that I always get good results from it."—Dr. John J. Shaw, *N. E. Medical Gazette*, July.

BELLADONNA IN TYPHOID FEVER.—*Belladonna*, in small doses, and persisted in throughout the early stages of typhoid fever, has a most admirable effect on many of the unpleasant symptoms.—*Physicians' and Surgeons' Investigator*, June.

A HEART SYMPTOM RELIEVED BY MAGNESIA CARBONICA.—The heart seems to be suddenly pulled up when going to sleep and then let go again, and this startles her.—*Homœopathic Journal of Obstetrics*, July.

ARSENICUM IN ASTHMA.—Dr. E. E. Case, with a few doses of *arsenicum* 30, cured a long-standing case of asthma. The patient had previously received *nuxvomica* 30, for enteric symptoms, and *lycopodium* 200, for gastric and pulmonary complaints.—*N. E. Medical Gazette*, July.

QUILLAYA IN BRONCHITIS.—This drug resembles *senega* in its action. It is useful in chronic bronchitis, and as a vascular stimulant in dropsy. *Coryza*, with sneezing and sore throat, are good indications.—*California Homœopath*, July.

HYOSCYAMUS IN NIGHT COUGH.—A carpenter, aged sixty-one, had had for two weeks a dry, spasmodic cough at night, from tickling in the throat, worse lying down, better sitting up. The cough was so severe that all the muscles of the chest and abdomen were sore. After the administration of *hyoscyamus* 3, entire relief followed. He rested well the first night.—Dr. Erastus E. Case, *N. E. Medical Gazette*, July.

REMEDIES FOR PHLYCTENULAR OPHTHALMITIS.—C. Knox Shaw gives the following remedies for phlyctenular ophthalmitis: Simple form, *mercurius biniodatus*; in the miliary kind, with scalding hot tears, *rhus toxicodendron* 2x and 3x (which acts better than the tincture); intense photophobia, with excoriation, *arsenicum*; acrid discharge or excoriating tears, *mercurius corrosivus*; ulceration, photophobia, red eyelids, swollen, excoriated, bleeding outer canthi, *graphites*. In chronic cases, *kal bichromicum*, *calcareu sulphurica*, *pulsatilla* and *sulphur* are sometimes useful.—*Monthly Homœopathic Review*, July.

ACONITE IN CATARRHAL CONJUNCTIVITIS.—Aconite will be the remedy in catarrhal conjunctivitis, even if the case has run for some time, if the lids are swollen, the conjunctiva very red and thick, with a white, flake-like secretion.—*Homœopathic Journal of Obstetrics*, July.

BOVISTA IN DYSPEPSIA.—Dr. Defriez cured very rapidly a case of dyspepsia with *bovista*. The symptom that led to the prescription was the sensation of a piece of ice in the pit of the stomach.—*Homœopathic Physician*, July.

LYCOPodium IN DYSPEPSIA.—A printer, aged thirty-eight, a dyspeptic for years, presented the following symptoms: Stomach full to satiety after only a little food; stomach distressed by cold food or drink; can only bear warm things; abdomen tympanitic, worse in the afternoon; soreness through the abdomen in the morning; sleep disturbed by startings, talking, etc.; difficult to remember what he had read, to recall names, words, etc., when talking. Dr. Erastus E. Case prescribed *lycopodium* 30, four times daily, and cured within a week.—*N. E. Medical Gazette*, July.

QUEBRACHO IN DYSPNOEA AND DYSPEPSIA.—*Quebracho* relieves dyspepsia, whether due to nervous or circulatory disturbances, and is of service in dyspnoea due to circulatory difficulties.—*California Homœopath*, July.

RANUNCULUS BULBOSUS IN DYSPEPSIA.—A bank cashier, a chronic dyspeptic, consulted Dr. E. E. Case for the following symptoms: Tasteless, gaseous eructations; painless pressure in the stomach at any and all times; constipation; stool every morning, but hard and dry; bleeding hæmorrhoids; sharp, sticking pains in the pectoral muscles of the left side, with soreness; worse after eating, from touch, motion and in damp weather; better from eructations. *Ranunculus bulbosus* 200 cured rapidly.—*N. E. Medical Gazette*, July.

SOME REMEDIES FOR PILES.—In the June *California Homœopath* Dr. W. Drury presents some indications for remedies in hæmorrhoids. We summarize as follows: *Capsicum*.—Bleeding, burning, itching, smarting, stinging pains in anus during stool, hæmorrhage.

Carbo Vegetabilis.—Bluish, swollen, protruding piles, pain or soreness in rectum after stool; mucous discharge. Burning in anus, with emission of flatulence, constipation, aching or smarting of rectum, pressure on rectum or on bladder, with colicky pains, coming on at intervals; itching, increased by scratching, followed by burning.

Kali Carbonicum.—Itching of anus, ulcerated pimples at anus, burning and pinching; swollen, painful piles, apt to protrude when making water, and discharge from rectum of blood and mucus.

Causticum.—Stool attended with soreness, smarting or burning in anus; also for itching of anus, oozing of moisture from rectum, large, painful piles; swelling near anus discharging pus and blood; pain in perineum; fissure about anus; fistula.

THUJA IN PERINEAL FISTULÆ.—Dr. H. M. Bascom reports the rapid cure (one in one week, and the other in three weeks) of two cases of perineal fistulæ by the internal administration of *thuja* and raw cotton locally to prevent too rapid closing. —*Medical Era*, July.

ACONITE IN NIGHTLY URINATION.—"During pregnancy the patient is disturbed between twelve and three o'clock at night by urging to urinate, *aconite*."—*Homœopathic Journal of Obstetrics*, July.

APIS IN DYSURIA.—In the frequent and very painful urination, common to very old ladies, accompanied sometimes with swelling of the labia, one drop of the tincture of *apis mellifica*, every two hours, will quickly relieve and cure.—*Physicians' and Surgeons' Investigator*, June.

BERBERIS IN URINARY DISORDERS.—Dr. E. E. Case was consulted by a machinist, aged forty-two, for a sleepy, weary, exhausted condition; dull, heavy pain in the region of the left kidney, always, except when lying down; often awakes, lying on the back, with the pain, which is worse by pressure or friction; the pain sometimes darts down the thighs; constant aching in the bladder, with sharp pains which dart into the urethra, or more frequently downward toward or to the knees; pricking sensation in prostatic portion of the urethra; burning micturition, sometimes almost involuntary; specific gravity of urine 1018, strongly acid, containing no albumen, sugar or mucus, but much bile; itching and moisture on the left side of the scrotum and margin of anus, due to eczema, which is better when the back is worse, and worse when the back is better. *Berberis* 12, every three hours, in ten days, removed all the symptoms, the eczema included.—*N. E. Medical Gazette*, July.

ACTÆA RACEMOSA IN PUERPERAL MELANCHOLIA.—Dr. C. P. Hart gives a case cured by *actæa* in five-drop doses of the tincture. The case was reported by Dr. A. F. Stobbs, who describes the symptoms as follows: "Soon after confinement she became melancholic. She imagined the whole world was against her, and that she would become insane and be sent to an asylum. She would sit and rock continuously, crying and sobbing, feeling perfectly helpless, and satisfied that her condition was beyond the reach of medical skill."—*Homœopathic Journal of Obstetrics*, July.

VISCUM ALBUM IN OVARALGIA.—Dr. Philip Porter, in the case of a young married lady, five months pregnant, who complained of a dull, heavy distress in the left ovarian region immediately after coition, gave her *viscum album*, in five-drop doses, and relieved the patient in a short time.

Dr. H. H. Crippen has also verified the symptom of pain in the left ovarian region during pregnancy, more particularly where there was pain as if the left ovarian region were pressed upon by the enlarged uterus, with pains down the thighs and sharp, nipping pains in the vagina.—*Homœopathic Journal of Obstetrics*, July.

MAGNESIA CARBONICA IN MENSTRUAL DISORDERS.—Aching pains in the limbs; limbs are useless, with pain in the left groin; falls down in a dead faint at monthly illness.—*Homœopathic Journal of Obstetrics*, July.

A CAUSTICUM MENSTRUAL PAIN.—Menses bright red, with pain in the pelvis as if screwed together, *causticum*.—*Homœopathic Journal of Obstetrics*, July.

SILICA IN COLDNESS DURING THE MENSES.—Menses too profuse, with repeated paroxysms of icy coldness over the whole body, *silica*.—*Homœopathic Journal of Obstetrics*, July.

CONIUM IN PRESSURE PAINS DURING PREGNANCY.—Aching pain in the abdomen, during pregnancy, every night after going to bed, relieved by getting up and moving about, *conium maculatum*.—*Homœopathic Journal of Obstetrics*, July.

INDICATIONS FOR SULPHUR IN MORNING SICKNESS.—Morning sickness of pregnancy, never amounting to vomiting, with faint, sickish spells during the forenoon.—*Homœopathic Journal of Obstetrics*, July.

REMEDIES FOR DIARRHŒA OF INFANTS.—Dr. P. Jousset in *l'Art Medical*, May, 1889, gives the following indications: *Chamomilla* is the remedy for the diarrhœa of dentition when there is severe colic and green stools, accompanied by much flatulency. *Phosphoric acid* 3 and *calcareæ aceticum* 3 are given in alternation every three or four hours in the treatment of infantile diarrhœa which is chronic or is passing into that condition. Rapid loss of flesh is an indication for the use of these remedies. If there be lienteric stools, *arsenic*, *china* and *ferrum* are the remedies.

CAUSTICUM IN WARTS.—Dr. Erastus E. Case removed three seed warts from the head of a lady by administering *causticum* 200 and 30.—*N. E. Medical Gazette*, July.

BROMINE PREPARATIONS IN ACNE.—In an article on bromine, Dr. H. M. Dearborn says, that in the treatment of certain affections of the skin he has obtained the best results from bromine in combination. Thus he has seen indurated acne of recent origin disappear very rapidly under the use of a one per cent. solution of bromide of arsenic (or of potassium) internally.—*N. A. Journal of Homœopathy*, July.

INDICATIONS FOR REMEDIES IN SURGICAL DISEASES.—In an article with the above title in the *North American Journal of Homœopathy*, for July, Dr. C. S. Sargent quotes Hughes approvingly when he recommends *mercurius* as a homœopathic, and in every way suitable, remedy in cases of chronic inflammation of bone, especially if of syphilitic origin, and the patient has not been mercurialized. When, however, the osseous disease owes its origin to the improper use of mercury, *nitric acid*, *aurum*, and *staphisagria* are our main remedies. In cases in which the mercurialization has been extreme, and the syphilitic diathesis is pronounced, then *tiodide of potassium* will prove satisfactory.

Fluoric acid, *silica*, *phosphorus*, and *phosphoric acid* are valuable remedies for caries. The latter should be chosen when there is free suppuration and hectic is present. *Symphitum* is recommended in aid of the detachment of the sequestrum.

According to Baehr, the main remedies in the treatment of osteitis are the following: *Mercurius*, *mezereum*, *acidum nitricum*, *phosphoric acid*, *phosphorus*, *staphisagria*, *aurum*, *silica*, *calcareæ*, *hepar*, *iodium*, and *kali bichromicum*.

In cases occurring in the tubercular diathesis, Kafka recommends *phosphorus*, *calcareæ*, *natrium muriaticum*, *silica*, *iodium*, or *sulphur*.

The *phosphorus* necrosis commences with a pain resembling toothache, which soon extends to other parts of the jaw, followed by inflammation and much swelling of the soft parts and suppuration.

Mercurius is suited to most cases of osteitis and periostitis, providing they have not originated in mercurial poisoning. It is particularly indicated by violent bone pains, distension, swelling, redness of the integuments, and, in general, by the more acute symptoms of the disease.

Acidum nitricum is mostly indicated in cases of mercurial osteitis, and in osteitis originating in syphilis and abuse of mercury. It may also be used in other forms of osteitis, especially when involving the bones of the lower extremities.

Mezereum is called for in cases of osteitis that have been abused by mercury. It has an especial influence over nodes and nocturnal bone pains.

Aurum deserves special mention in cases of mercurial osteitis. It has also an excellent effect in non-mercurial osteitis with caries and violent pains, especially at night. It is a specific remedy for inflammatory ulceration of the nasal bones and facial bones generally. The bones are affected with burning and boring pain, especially in the face and feet, accompanied by redness and swelling; sometimes, as in the head, with nodes. It is very useful in scrofulous and syphilitic ozena.

Silica is one of the most important remedies in caries from any cause and at any age, as soon as the inflammatory stage has run its course. It is adapted to every constitution, but may not have a very favorable effect in acute ichorous suppuration. It is chiefly when scrofulosis manifests itself in the bones and joints that *silica* proves itself the remedy.

Calcareæ is not so much indicated in uncomplicated osteitis as in osteitis depending upon scrofulosis. It is superior to any other drug in caries of the vertebrae.

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A NEW AND SCIENTIFIC MATERIA MEDICA BASED ON PURE
PATHOGENESY.

BY THE MEDICAL INVESTIGATION CLUB OF BALTIMORE, MD.

UNDER the above title, an article appeared in the June number of this journal, and in illustration of the method therein suggested for the reconstruction of the homœopathic materia medica, the drug *bryonia alba* was discussed. Not feeling satisfied, however, that our method of working has been sufficiently elucidated, and having been kindly invited by the editors of the HAHNEMANNIAN MONTHLY to furnish the journal with a second paper upon this subject, we give herewith another drug, which we trust will more fully explain the synthetic method of study.

GEISEMIUM SEMPERVIRENS.

HISTORY.

Among botanists there was, and to a limited extent there is still, a difference of opinion as to which natural order of plants gelsemium belongs. Dr. Farrington was not considered an authority in botany, but as a student, and as a teacher of materia medica, his classification of drugs is probably accepted by many as authoritative. He classed gelsemium with the *apocynaceæ*. Chapman classes it with the *rubiaceæ*; and Lindley, Candolle and Asa Gray place it under the *loganiaceæ*. The latter classification is adopted by the U. S. Pharmacopœia, Millspaugh and others. With this weight of authority we may fairly agree that gelsemium belongs to the natural order *loganiaceæ*.

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The names by which the plant is known, are *gelsemium sempervirens*, *g. lucidum*, *g. nitidum*, *bignonia sempervirens*, *anonymous sempervirens*, *lisianthus sempervirens*, yellow jessamine or jasmine, false jasmine, wild jessamine, woodbine (Fr.) *jasmin jaune* (Ger.) *gelber jasmin*.

Among those who first introduced it into medicine, it was known incorrectly as *gelseminum*, Dr. E. M. Hale especially sanctioning the use of this termination.

The gelsemium is an evergreen, woody, twining plant, often growing to a great height, ascending the tallest trees and hanging in gorgeous yellow and green festoons from limb to limb and tree to tree, while the air is filled with its delicious fragrance. Its root is several feet in length, "ligneous, varying from nearly two inches in diameter to a few lines; root-bark of a cinnamon-brown color, and about two lines in thickness; wood light-yellow. Stems branching, at first with a more or less smooth, light slate-colored bark, then smooth and purplish. Leaves opposite, persistent, on short petioles; shining, lanceolate or ovate-lanceolate, bright green above and pale beneath; stipules inconspicuous. Inflorescence small axillary clusters; flowers sweet scented, on scaly bracted pedicles. Calyx small; lobes 5, imbricated, nearly distinct, ovate and acute. Corolla large, from 1 to 1½ inches long, open funnel form; lobes 5, nearly equal, rounded and imbricated. Stamens 5, inserted on the base of the corolla-tube; filaments equal; anthers long, sagittate, adnate, and extrorse. Ovary elliptical, smooth, compressed, 2-celled; ovules several in each cell, ascending; style long and slender; stigmas 2, bifurcated, the lobes linear and equal. Fruit ovoid oblong, beaked, pendent capsules; pericarp papyraceous, splitting septicidally into two scaphoid valves. Seeds many, imbricated, light-brown, surrounded by a thin, flat, membranous border, which is prolonged at one extremity into a slightly wrinkled wing." The berries are black.

The gelsemium is cultivated in the gardens of the South because of its yellow flowers and their perfume. It blossoms from early March into May. The plant is distinctively American, being found in no other part of the world, so far as known. Besides gelsemium, the members of the loganiaceæ found in our materia medica are, *ignatia amara*, *nux vomica*, *upas tieute*, from a Java species, *curare*, the arrow poison of the South American Indians, *spigelia Marilandica*, the farmer's hated Carolina pink, known also as field daisy, and *spigelia anthelmia*. But the gelsemium genus "consists of only this single species, and it has no very close relations outside the American continent."

Botanically speaking the *spigeliæ* are the nearest allies to the gelsemium, "and two less known genera, *polypremum* and *mitreola*. These form a little tribe of exclusives, all of this continent."

Although sometimes called jessamine or jasmine, gelsemium bears no botanical relationship to the true jasmines, the genus *jasminum*. The original reason for the misnomer was because of the resemblance to the white or true jasmine perfume, detected by the early Spanish settlers of this country, in the gelsemium flowers.

The Italians are said to call the plant "*gelsomino*;" this became corrupted into "gelsemine," and later into its present form, gelsemium.

The gelsemium grows on margins of swamps and river banks in Mexico, Mississippi, Louisiana, Florida and the Atlantic States to Virginia. It is remarkably easy to cultivate, "even in those parts of the world where the thermometer falls below zero, if it can only have the protection of a cool green-house in winter." "It was first described in 1640 by John Parkinson (an Englishman), who grew it in his garden from a seed sent by Tradescant of Virginia."

"The medical history of this plant is quite modern, having been brought into notice, according to Dr. King, by a Mississippi planter, for whom in his illness the root was gathered in mistake for that of another plant; after partaking of an infusion, serious symptoms arose, so alarming in their character that his friends expected his death; upon his revival, however, it was apparent that the attack of bilious fever from which he had been suffering had disappeared. This accidental cure came to the knowledge of a pretender, who prepared a proprietary nostrum from the plant, called the 'Electric Febrifuge.' Dr. Porcher, of South Carolina, noting the use of gelsemium in the works of Elliott and Frost, brought it again into notice through the mediumship of a report of the medical botany of his State, made to the American Medical Association in 1849."

During the late civil war, when popular medicines were not obtainable in the South, gelsemium was used as a substitute for opium. "The expressed juice was found to produce insensibility to pain, and yet without stupor. Overdoses, however, produced unconsciousness and death."

To Dr. John H. Henry belongs the honor of having formally introduced gelsemium to the medical profession, in 1852, through his proving of the tincture, a record of which was embodied in Dr. Joshua Stone's inaugural thesis at the Homœopathic Medical College

of Pennsylvania. In this year, also, Prof. W. Proctor directed the attention of the old school to the drug.

Dr. Henry was followed with other provings by Drs. Douglass, Payne, Morgan and others. "The first notice of it (gelsemium) in homœopathic literature was made by the late James W. Metcalf, M.D., of New York, in Volume III. of the *North American Journal of Homœopathy*."

Soon after Dr. Henry's proving of gelsemium several cases of involuntary proving of the drug occurred, the most remarkable feature being that all the victims recovered. Dr. H. H. Hill, who was present and observed the cases, gives the following account:

"In the summer of 1853, late in June or early in July, I had five barrels of tincture of gelsemium shipped from Vicksburg, Mississippi. The gunboat grounded on a sandbar, on the Ohio river, near night. I happened to see the barrels on deck, they having been taken out of the hold in shifting freight. I requested the mate to have the barrels lowered again as they contained medicine, and it was not safe in case the hands should get at them. The next morning another boat made its appearance, and the captain told us we had better get aboard of that boat, as it was of light draught. As we were getting aboard I heard two physicians say to the captain that some of his men had been drinking alcohol or some poison, and two or three of them were about dead. They told the captain to give them an emetic. Being well convinced of what they had been drinking I told him not to do so, as they were already too much relaxed, and that they needed stimulants. During the night they had opened a barrel and drawn a bucketful, as I learned from the men, and had drank it from tin-cups, it was supposed half a pint to a pint each. They looked very much like dead men; their eyes were closed; circulation very feeble; no pulse perceptible; and breathing so low that it could hardly be perceived at all. Two of the men were taken on board the other boat, and the other three were left. I went up the river with the two men and gave them stimulants, and in less than two hours they were able to walk. They recovered. When I got to Louisville I learned that there was a statement in the *Louisville Journal* that it was supposed that the three men who were left behind were dead, they having been left in an apparently dying condition. Some three days afterward the boat got up, and another statement appeared in the paper that stimulants had been given to them and they had recovered."

In the year 1855 gelsemium was analyzed by Mr. Henry Kollock, and "was found to contain gum, starch, pectic acid, albumen, gallic acid, fixed oil, a fatty resin, a dry acrid resin, yellow coloring matter, volatile oil, extractive lignin, a peculiar alkaloid called *gelsemia*, salts of potassa, lime and magnesia, iron and silica." Mr. Kollock, however, failed to extract the alkaloid in sufficient purity to fully investigate its properties; but soon after his experiments Prof. Maisch obtained gelsemia in a crystalline form from the tincture of the root. This discovery was noted by Mr. C. L. Eberle in a paper, an abstract of which was published in the *American Journal of Pharmacy* for January, 1869, and in this paper he records the results of his own investigations. "Mr. Eberle not only extracted

gelsemia, but satisfactorily established its alkaline properties, and proved that it was not contained in the wood of the root. Soon afterwards the chemistry of yellow jasmine was more thoroughly investigated by Dr. Theo. G. Wormley, Professor of Chemistry and Toxicology in Starling Medical College, which paper is contained in the *American Journal of Pharmacy* (January, 1870, p. 1). Dr. Wormley succeeded in obtaining not only pure gelsemia from the root, but also a peculiar acid, which he calls *gelseminic* (gelsemic) acid, and which probably exists in combination with the alkaloid, forming the gelseminate of gelsemia." "He was led to these researches by a case of fatal poisoning from gelsemium that came under his notice."

This gelseminic acid is somewhat similar to *œsculin*, an alkaloid extracted from the genus *œsculus*; in fact, Sonnenschein and C. Robbins contended that they were identical; but this is a mistake, as Dr. Wormley afterwards showed that they had distinct characteristics.

In 1868, Dr. George B. Wood, in his *Materia Medica*, refers to gelsemium as "admitted into the secondary catalogue of the United States Pharmacopœia" (this was done in 1864), but remarks, that from its extensive use "it might, perhaps, be considered as worthy of a place in the primary." This dignity was attained in 1873.

In 1870, Dr. Roberts Bartholow, of Cincinnati, Ohio, published his conclusions as to the physiological action of gelsemium upon the nervous system, drawn from a series of interesting experiments, viz.:

"1. Being a crystallizable substance, gelseminate of gelsemia, the active principle, is rapidly absorbed into the blood.

"2. It has a sedative action on the nervous system.

"3. It acts chiefly on the motor portion of the cord.

"4. Its paralyzing effect is due to its action on the motor centre, and not to an action on the peripheral nerve-fibres.

"5. It also acts on the sensory portion of the cord, producing at last complete anæsthesia; but this effect in warm-blooded animals and in man is toxic only, and follows the paralysis of motor functions."

Experiments have also been made with gelsemium by Drs. Ott, Berger, Murrell, Ringer, and others, and as regards its physiological effects they all substantially agree.

The alkaloid gelsemia, or gelsemine, is an active poison. "One-eighth of a grain killed a rabbit when administered hypodermically in one hour and a half, a second in fifteen minutes, and a third in forty minutes."

The tincture and its dilutions are chiefly used by homœopathic practitioners. It should have "a clear, slightly brownish, orange

color by transmitted light, an odor like that of an enraged honey-bee, a pleasantly bitter taste, and a slightly acid reaction."

Bibliography.—Gray's Structural and Systemic Botany; Chapman's Flora of the Southern United States; Meehan's Flowers and Ferns of the United States; Millspaugh's American Medicinal Plants; Encyclopædia Britannica; Woodman & Tidy's Forensic Medicine and Toxicology; Blyth's Poisons, their Effects and Detection; Wood and Bache's United States Dispensatory; Nothnagel & Rossbach's Materia Medica; Wood's Therapeutics and Pharmacology; Phillips's Materia Medica and Therapeutics; Hale's New Remedies; Boericke & Tafel's American Homœopathic Pharmacopœia; Allen's Encyclopædia of Pure Materia Medica; Hering's Guiding Symptoms; Farrington's Clinical Materia Medica; American Homœopathic Observer, Vol. VIII.

REMARKS ON PROVINGS.

Relative to the following symptomatology of *gelsemium semper-virens*, we wish to emphasize the fact that our endeavor has been to make the work as reliable as circumstances have permitted; though undoubtedly an unfriendly critic could find imperfections, of which imperfections, however, none are more fully conscious than we. To attain this reliability, we have compared the relative merits of the material recorded in both Allen's *Encyclopædia* and in Hughes' and Dake's *Cyclopædia of Drug Pathogenesis*, and, after careful consideration, we have rejected Dr. Allen's work as unfit for use in preparing a reliable synthesis of the effects of *gelsemium*.

It is true that there are some fourteen tests recorded in common in the two works; but the character of the record in Dr. Allen's work differs vitally from the character of the record in Drs. Hughes's and Dake's. It is this that forms the chief objection to the former work. Dr. Allen gives no data, and the symptoms are not arranged in the sequential order necessary to gain an idea of the drug effect upon each individual prover, which is essential to critical analysis and final intelligent synthesis. In addition, several most questionable cases are recorded, which are useless for accurate work, namely: Dr. and Mrs. Fincke's provings of the 3.36m cent. and the 1m cent., respectively, and Drs. King's, Langren's, Clapp's and Hale's clinical cases. Although these latter need not be utilized, yet the general character of the work, which has just been mentioned, precludes its use for obtaining reliable results.

While the *Cyclopædia of Drug Pathogenesis* is by no means faultless (for which the editors are not responsible), yet it is so much better adapted to approximately accurate work, that we have based the symptomatology of *gelsemium* upon this latter compilation of drug effects. Both the "Provings" and the "Poisonings" have been utilized, with the following exceptions:

Under Prover No. 8 (Ringer), paragraph "i" has been omitted,

because it is clinical ; and so likewise have the local effects of the topical application of gelsemium noted in paragraph "1."

Among the poisonings, Case 1 has been omitted from the body of the symptomatology, and cited in foot-notes, because partaking too strongly of the nature of inexpert generalizations ; Case 3 is also cited in a foot-note, the one symptom given being of an indefinite character ; Case 4 is also indefinite, and is excluded ; in Cases 5, 6B, 13 and 14, the effects immediately *ante-mortem* are excluded, and in Cases 8 and 9, symptoms following administration of antidotes have been omitted ; the neuralgic symptoms in Cases 13 and 15, for which the drug was taken, and finally Case 16, which is purely clinical, are also rejected.

Case 7, a sailor "convalescing from periostitis," has been used because his recorded symptoms bear no relation to the periostitis, and are in accord with the symptoms occurring in other provers.

Furthermore, it should be mentioned that Dr. Douglass's generalizations of drug effects taken from at least fifty persons have been used as though obtained from one experimenter only, except where the results are obviously from two or more provers ; this also applies to Dr. Ringèr's generalizations from six persons on seventeen occasions. Counting these cases as equivalent to four provers, we have in all twenty-two experimenters from whom the symptomatology is deduced.

The preparations used in proving, range from the fluid extract up to the 6th dilution, *and nothing above this limit* ; but the majority of the results were obtained from the tincture.

We claim that the method by which the subjoined synthesis was obtained, is practicable and expeditious for all hard and patient workers in this field, and we give the following details, with a preliminary explanation, in illustration of the working schema.

The "First Grouping" of symptoms is taken directly from the proving-records, the number of each prover preceding his or her respective set of symptoms.

The "Second Grouping" is composed of symptoms taken from the "First Grouping," sorted and arranged together in sub-groups (from 1 to 4), and at the end of each sub-group the composite result or deduction from the particular sub-group is given.

Finally, at the end will be found the symptoms deduced from all the sub-groups, the completed general synthesis of the whole group, as it appears in the finished symptomatology.

(FIRST GROUPING.)

Mind.

No. 1.—Joshua Stone. Began November 21, 1852. ♦

December 3d.—Rather dull and stupid for some days, with disinclination to conversation. This was remarked by my friends who knew nothing of my taking medicine.

December 12th.—During day felt extremely dull and stupid.

December 20th.—Very dull and stupid, with aversion to study.

No. 2.—Dr. Henry. Began April 3, 1852. ♦

Same day.—Melancholy and desponding mood.

April 5th.—Melancholy and desponding mood.

No. 3.—Mr. Franklin Bigelow. ♦

Eight days after the dose. Gloomy and indisposed to exertion of any kind.

No. 4.—J. S. Douglass, M.D. Over 50 provings generalized. ♦ and 3x.

(b.)—Mind irritable, impatient, incapacity to think or fix attention; confusion; stupid, intoxicated feeling; dulness of all mental faculties. In one case, great and almost uncontrollable mirthfulness, but it is not said at what stage.

No. 6.—J. C. Morgan, M.D. Began April 3, 1864. ♦

(b.)—April 5th.—General vivacity.

April 6th.—Wakeful till 1 A.M., with desire to study.

April 7th.—Depression of spirits, with dull, uncertain pains in head.

April 10th.—Mind listless and incapable of reflection, with dull (not severe) headache all day.

No. 7.—A sailor. Convalescing from periostitis. ♦

He knew everything that was going on around him, but was unable to move.

No. 8.—Dr. Amoss. Time not stated. 6th dil.

(b.)—Head feels full and excited, feverish.

Poisonings.

Case 7.—Parsons. Recovered. 5j Fld. ext.

(a.)—I now became semi-conscious. After this, consciousness entirely left me.

(b.)—Dread of application of any fluid to lips was nearly equal to that evinced in hydrophobia.

Case 8.—Student of Dr. Paine's. Recovered. "Concentrated prep."

On lying quiet, though entirely powerless, he was conscious of everything about him.

Case 10.—Young married lady. Recovered. Teacupful strong decoction of root.

Great trembling, with anxiety; was afraid she was going to die, and was very anxious to know if anything could be done.

Case 11.—Mrs. F. Recovered. Fld. ext.

In a few minutes I reached her bedside, and found her totally unconscious.

Case 13.—F. R. Died. Fld. ext.

Threw himself on the floor and became unconscious.

He was totally unconscious, and could not be roused.

Case 14.—Colored servant. Died. ♀

In a suffocative spasm she sat down upon the floor, went into an apoplectic stupor, breathing hard, and foaming freely at the mouth, and died within ten minutes of coming on of the spasm. Previous to this she was conscious and rational, but after it she did not speak.

(SECOND GROUPING)

Mind.

(Sub-group 1.)

Melancholy and desponding mood. No. 2.

Gloomy. No. 3.

General vivacity. Depression of spirits. No. 6.

Great and almost uncontrollable mirthfulness. No. 4.

Head feels full and excited, feverish. No. 8.

Deduction: Mental excitement.³ (No. 4, No. 6, No. 8.)

Low-spirited.³ (Nos. 2, 3 and 6.)

(Sub-group 2.)

Rather dull and stupid for some days, with disinclination to conversation.

During day felt extremely dull and stupid.

Very dull and stupid, with aversion to study. No. 1.

Gloomy and indisposed to exertion of any kind. No. 3.

Incapacity to think or fix attention.

Dulness of all mental faculties.

Stupid, intoxicated feeling. No. 4.

Mind listless and incapable of reflection. No. 6.

Deduction: Incapable of mental application; ⁴ feels stupid.²

(Nos. 1, 3, 4 and 6.)

(Nos. 1 and 4.)

(Sub-group 3.)

He knew everything that was going on around him, yet was unable to move. No. 7.

On lying quiet, though entirely powerless, he was conscious of everything about him. Poison case, No. 8.

Deduction: Entire consciousness during complete motor paralysis.²
No. 7, and Poison case 8.

(Sub-group 4.)

I now became semi-conscious.

Consciousness entirely left me. Poison case, No. 7.

Unconsciousness. (Total unconsciousness.) Poison case, No. 11.

Became unconscious. Totally unconscious, could not be roused.
Poison case, No. 13.

In a suffocative spasm, she sat down upon the floor, went into an apoplectic stupor, etc. Poison case, No. 14.

Deduction: Unconsciousness.⁴ Poison cases, 7, 11, 13 and 14.

SYNTHESIS OF MIND SYMPTOMS.

Mental excitement.³

Low-spirited.³

Incapable of mental application: ⁴ feels stupid.²

Entire consciousness during complete motor paralysis.²

Unconsciousness.⁴

For a clear understanding of the ensuing symptomatology a word about punctuation is necessary. Under "Heart and Pulse" we find, "pulse very feeble:"¹¹ accelerated.⁶" The colon following "pulse very feeble," indicates that the symptom constituting the balance of the sentence was experienced by the same provers having the feeble pulse. The exponent figure always applies to that part of the sen-

tence between it and a preceding figure ; or, if there is no other figure in the sentence, then the single exponent applies to the whole sentence. When two colons are used in the same sentence, the second colon is subject to the first colon, and the former governs the balance of the sentence ; or if it be succeeded by a semicolon it governs only that part of the sentence included between itself and the following semicolon. An example will explain : "Headache:⁹ dull,⁶ pressive,³ severe ;³ frontal:⁷ most marked over eyes ;³ in the temple ;³ in occiput ;⁵" etc.

Here we find "dull," "pressive," "severe," and "in the temple," and "in the occiput," all relating to "headache," which precedes the first colon, and which they assist in elucidating ; while the colon immediately following "frontal," indicates that "most marked over the eyes," applies to the frontal headache, the succeeding semicolon breaking all further controlling influence of the second colon. This is probably not as good an example as some other drugs would afford, but as a simple illustration it is in point.

GENERAL SPHERE OF ACTION.

Judging from the revelations of autopsies of the lower animals, which are verified by *post-mortem* appearances in human beings, together with suggestions from pathogenetic effects, both objective and subjective, gelsemium acts prominently upon the cerebro-spinal and vegetative nervous systems.

As a result, muscular power is diminished ; the enfeeblement sometimes amounting to complete paralysis ; there is even interference in the action of the heart which has resulted in complete cessation while in extreme diastole. Particularly are the ocular muscles affected. This depressing effect extends to the mind, and the mental attitude seems to be consonant with the physical condition.

From the action of gelsemium upon the involuntary nervous system, there is more or less venous stasis in various parts of the body. Both serous and mucous tissues reveal the influence of the drug : the cerebral substance and membranes are hyperæmic, likewise the mucous lining of the stomach and intestines. From these examples of its effects it is fair to infer that gelsemium may also cause a sanguineous congestion in any other of the serous or mucous tissues. In fact, in the lower animals where a greater number of observations of effects of fatal doses have been observed than in man, the substance and membranes of the spinal cord were found congested, and in a number of cases there was considerable exudation of blood. In some of these

cases the substance of the heart was unnaturally red (congested) and softened.

A peculiarity of the blood, in cases dead from the drug, is its uncoagulability. This shows a change in its vital constituents, similar to that produced by other drugs classed as narcotics and sedatives, which change consists in, either, prevention of oxidation of albumen, or deprivation of the contractile power of fibrin.

SYMPTOMATOLOGY.

(Provers, 22: men, 17; women, 5.)

Generalities.

Pains: "dull; "acute; "shooting; "pressive; "drawing; "cramping; "aching; "deep-seated; "shifting."

Decided restlessness."

More or less loss of muscular power: "complete motor paralysis," during which consciousness is unimpaired; "trembling, with feeling of weakness."

Prostration: "excessive." Easily fatigued." Languid: "and listless."

Feeling as if intoxicated."

Mind.

Mental excitement."

Low-spirited."

Incapable of mental application: "feels stupid."

Entire consciousness during complete motor paralysis.

Unconsciousness."

Head.

Vertigo: "with imperfection of vision; "with total blindness; "limited to brows; "aggravated by movement, "or by standing."

Feeling of fulness in head."

Unusual feelings in head." (Expressed as "head felt strangely," and, "disagreeable sensation of head.")

Headache: "dull; "pressive; "severe; "frontal: "most marked over eyes; "in the temple; "in occiput; "over whole head; "with heat of face "and head; "accompanied by slight nausea; "worse towards evening."

Aching in occiput: "dull and aggravated by movement; "pain from vertex to occiput."

Headache and pain in eyeballs, often severe, aggravated by moving the eyes."

Eyes.

Pain in region of eyes :¹ above eyes ;² in orbits.³

Ptosis⁴ (varying from partial to complete).

Irritability of conjunctiva.⁵

Lachrymation.⁶

Pain in the eyeball.⁷

Loss of power in eye muscles.⁸ Strabismus.⁹

Pupils dilated.¹⁰

Obscuration of vision :¹¹ diplopia ;¹² objects appear indistinct, blurred ;¹³ distant objects especially, are less distinct than usual ;¹⁴ blurred vision with dizziness ;¹⁵ glimmering appearance before eyes ;¹⁶ blindness.¹⁷

Nose.

Slight nasal catarrh.¹⁸

Mouth.

Dryness of mouth :¹⁹ of throat ;²⁰ with moist tongue.²¹

Pain in jaw.²²

Paralytic condition of muscles of lower jaw.²³

Imperfect articulation of words.²⁴

Tongue furred :²⁵ yellowish.²⁶

Disagreeable taste.²⁷

Face.

Face flushed ;²⁸ livid ;²⁹ pale.³⁰

Heat of face.³¹

Throat.

Dryness of the throat.³²

Dysphagia, power of deglutition gone.³³

Stomach.

Eructations of flatus.³⁴

Nausea :³⁵ attended by indistinct vision ;³⁶ accompanied by head ache.³⁷

Pain in the stomach :³⁸ cardialgia.³⁹

Abdomen.

Pain in hypochondriac region :⁴⁰ in left hypochondrium⁴¹ (in two cases sharp).

* The opposite condition, contraction of pupils, was observed in five cases reported by Ringer. They were the only cases in which this condition was noted.

† A child poisoned with the flowers "suddenly complained that it could not see, and died in one-quarter of an hour." (Not of the four.)

Pain in umbilical region:³ sharp in character.²

Pain in hypogastrium.²

Pain in left iliac region.²

Pain in abdomen.⁴

Stool.

Diarrhœa:² yellow;² "bilious."²

Emission of flatus.²

Urinary Organs.

Urine increased in quantity.²

Respiratory Organs.

Respiratory movements diminished.^{5*}

Deep inspirations.²

Irregular breathing.²

Dyspnoea.⁴

Chest.

Pains in the chest:² in the breast.²

Heart and Pulse.

Circulation very feeble.^{2†}

Pulse very feeble:¹ accelerated;⁴ pulse slow.³

Neck and Back.

Pains in the neck:² in upper part.²

Limbs.

Pain in limbs:² upper limbs;⁴ shoulder;² under scapula;² in right arm;² in elbow;² in forearm:² right forearm;² in wrist;² in hand;² in fingers:⁴ finger-joints;² in lower limbs;² deep-seated and aching in character;² in the thigh:⁴ drawing,² and cramping;² in the knee:² under the knee;² in the leg:² acute,² of which two are shooting; in the calf:² contracting in the left gastrocnemius;² in the toe:² contractive pains.²

Loss of power in the arms.²

Great numbness of extremities.²

Extremities cold:² cold feet.²

* In the cases of the poisoning of five deck-hands, taken from Dr. Hale's *New Remedies*, the breathing was so low it could hardly be discovered. (Not of the five.)

† In the deck-hands the circulation is reported as "very feeble." (Not of the three.)

Skin.

Eruption:¹ on back and between shoulders; but chiefly on face, papular, of much the same color as that of measles, but the papulæ are larger, and more distant and distinct; they are attended with little or no sensation.²

Perspiratory action of skin increased.³

Sleep; Dreams.

Disposition to yawn:¹ yawning.²

Sleepiness:¹ cannot keep eyes open, fall asleep if not prevented;² look sleepy, dull and heavy from drooping of eyelids.²

Sleep filled with dreams.²

Chill; Fever; Sweat.

Chilliness:¹ lasting at least an hour, with feeble pulse and heat and pain of head, followed by general heat (pulse full and 80 to 100), mostly about head and face, succeeded by profuse perspiration; with concomitant thirst and languor.²

Free perspiration:¹ profuse.⁴

Aggravations.

Motion aggravates general symptoms:¹ vertigo worse from walking.² Headache worse towards evening.²

THERAPEUTIC APPLICATION.

As will be understood from its general sphere of action, a large majority of the pathological conditions to which gelsemium is homœopathic, depend primarily upon derangement in one of the nervous systems; and secondarily, many others are caused from derangement in the vascular system, by which passive congestions are produced. Although comparatively few uses for the drug may be derived simply from its symptomatology, yet with its basic field of action always before the mind, many indications equally as good may be inferred therefrom, which are probably quite as homœopathic to disease as many of the actually observed pathogenetic details.

A few symptomatic indications for the use of gelsemium are here-with appended :

Emotional Derangements.—From the pathogenetic effects of gelsemium, a condition may be observed which is very similar to the results of strongly excited emotions or nervous shocks. Legitimate

inference would therefore lead to its use in the effects of *grief, fright,* and other *neurotic disturbances*. In such cases the pulse often becomes feeble, and the respiration irregular, with occasional deep sighings at intervals. If the shock has been profound, other functional troubles may be present, such as jaundice, muscular tremor and weakness, confused or imperfect vision, and other symptoms consonant with the general sphere of the drug's action.

Headache.—The headache is dull, and may involve the whole head, but the frontal region is most prominently affected, while in some cases the occiput is the focus of the pain. The head feels full and hot, the heat extending to the face. The ache, especially when in the occiput, is aggravated by movement.

Concomitantly there is nausea, vertigo, and pain in the eyeballs, which latter is aggravated by moving the eyes.

The pain in the head extends in no specific direction, unless it be from the vertex into the occiput.

Vertigo.—Vertigo is accompanied by imperfect or blurred vision, which may amount to blindness; or it may be accompanied by strabismus.

The erect position aggravates the vertigo, especially if movement be attempted.

Sunstroke.—Gelsemium is strongly suggested in the effects of insolation, from its head symptoms, its vascular weakness and tremor, and its disinclination and inability to perform either mental or physical labor. The cerebral congestion, flushed face, confused vision, nausea, and general appearance of intoxication, with frequent, deep-sighing inspirations, are still further suggestive.

Meningitis Cerebro-Spinalis.—When the following symptoms are present, the drug may be of use in cerebro-spinal meningitis: Occipital headache; dilatation of pupils; strabismus; fulness and heat of head; nausea; partial or complete loss of consciousness; dryness of mouth; irregular respiration and feeble pulse; and finally, partial or complete motor paralysis.

Apoplexy.—More or less motor paralysis, with consciousness unimpaired; head and face flushed and hot, with sensation of fulness in the head; imperfect articulation of words.

Paralysis.—Complete motor paralysis, especially of arms. Extremities are cold and numb. The tongue is involved and articulation becomes difficult or impossible. Mental excitement, or, more frequently, mental depression exists.

In such cases inference leads us to expect attacks of vertigo.

Paralysis of muscles of deglutition following diphtheria.

Acute Alcoholism.—According to its pathogenetic effects, gelsemium presents symptoms closely analogous to alcoholic intoxication. There is the cerebral congestion, fulness of head, hot and flushed face, blurred vision, difficult articulation of words ("thick tongue"), dryness of buccal cavity and throat, vertigo, and finally, a general feeling of intoxication.

In the state succeeding a debauch the indicative symptoms are: mental depression, headache, vertigo, confusion of vision, tremulous weakness, dryness of mouth and throat, nausea and even vomiting.

Neuralgia.—Neuralgic pains may be present in almost any part of the body. They are acute, or sometimes dull. Pain in the eyeball with headache is often severe, the peculiarity being the aggravation from moving the eyeballs. The cause of these neuralgic pains is probably pressure of the congested venous capillaries upon the nerves.

Diplopia, and other visual derangements, dependent upon asthenia of the ocular muscles, is a frequent effect of the drug.

Strabismus may also exist from lack of innervation of the muscles; the cause of which may be debilitating zymotic diseases, among which diphtheria may be suggested.

Ptosis is also prominent, and may exist conjointly with general asthenopia. When it follows diphtheria, the drug may prove useful.

Blindness has also been produced, but its pathology is obscure. Its cause may be pressure upon the optic nerve from deep-seated congestion.

Gastralgia accompanied by nausea, headache with indistinct vision, disagreeable taste in the mouth, yellowish fur on the tongue, and other indicative concomitants.

Diarrhœa.—Stool yellow, "bilious;" pain in abdomen, which may be sharp; emission of flatus.

Intermittent Fever.—There are chill, fever and sweat in regular sequence. The chilliness lasts at least an hour, with feeble pulse and heat and pain of head. This is followed by general heat, mostly about head and face (the pulse now becoming full), succeeded by profuse perspiration, with concomitant thirst and languor. If yawning, pains in limbs, and confusion of vision be present, the indications will be strengthened.

Typhoid Fever.—The patient is dull and stupid, and inclined to sleep; has the feeling and appearance of one intoxicated. There is headache with heat of head and face, the latter also flushed; visual

accommodation deranged, dry mouth, irregular breathing, pulse weak and rapid, and great prostration.

Measles.—Gelsemium produces a rash somewhat similar to that of measles. The drug should be studied for other symptoms of the disease.

Myalgia.—Pains in the muscles of the limbs are quite frequent; there is also loss of power in the arm muscles. The pains may be deep-seated and aching, drawing and cramping, or shooting.

Rheumatism is therefore suggested.

ANALYSIS OF THE ORGANON, SHOWING THE COMPARATIVE RELATION OF THE DIFFERENT SECTIONS.

BY M. W. VAN DENBURGH, M.D., FORT EDWARD, N. Y.

SECTION 1.—The calling of a physician is to restore health to the sick.

SEC. 2.—Ideal healing.

1. A speedy, gentle and permanent *restoration* of health.
2. In the shortest, safest and most reliable *manner*.
3. According to clearly intelligible reasons.

SEC. 3.—What the physician should know:

First.—What is curable in disease; ss. 5–18 and 70, 1st.

Second.—What is curative in drugs; 19–21 and 70, 2d.

Third.—Clear, distinct reasons for selecting the remedy, so that it is well matched as to.

1. Its kind of action; ss. 22–49 and 70; 3d, 4th, 5th.
2. Its necessary preparation; ss. 266–271.
3. Its proper quantity (dose); ss. 275–287.
4. And the proper time for repetition; ss. 245–248.

Fourth.—The obstacles to recovery, and how to remove them (s. 71, I. II. III.); ss. 72–294.

Fifth.—The causes that produce and maintain disease, and how to remove them (hygiene) (not discussed).

DISCUSSION.

What is Curable in Disease.

(A.) What is disease; ss. 5–15.

1. The physician should consider what is the most probable cause of disease in each case; s. 5.

2. All the observable signs, when together, represent the disease, so far as it is possible to know it; ss. 5, 14, 18, 22.
3. Except in surgical cases, and with due regard to miasm, the totality of symptoms is the only means whereby the disease can indicate the remedy; ss. 7, 8, 18.
4. Hahnemann's theory of disease; ss. 9-18.
 - (a.) The function of dynamics; ss. 9-10.
 - (b.) This (dynamics) is what is primarily deranged by the morbid agency; ss. 11-12.
 - (c.) Hence, the "totality of symptoms" arising from this derangement is all we can know of disease, and furnishes the only means to point out the appropriate remedy; ss. 7, 8, 12, 17, 18, 22.
 - (d.) Surgical cases excepted, there is no such thing as "material disease" requiring removal; s. 13.
 - (e.) All disease makes itself known by symptoms; s. 14.
 - (f.) For all practical purposes, the vital force (dynamic), and the organism constitute a unit; s. 15.

(B.) How disease may be reached.

1. The vital force being spirit-like, can only be reached by a similar spirit-like force; s. 16.
2. The totality of disease is removed when the totality of symptoms is removed; s. 17.
3. The "totality of symptoms" is the only guide for the selection of the remedy; ss. 18-22.

What is Curative in Drugs; ss. 19-69.

1. Drugs cure by virtue of their power to alter the state of health; ss. 19-20.
2. This is only distinctly observed in their effects upon the healthy human system; ss. 20-21.
3. And this must be accepted as the only possible revelation of their curative powers; s. 21.

Distinct Reasons for the Adapting Drugs to Disease; ss. 22-70.

1. This drug-action must be either contrary to the disease or similar to the disease; s. 22.
2. Each exact experiment will convince that drugs of contrary symptoms cure very imperfectly; s. 25.

3. Hence, the *homœopathic method* alone remains, by which the total disease-symptoms are met by a drug, whose disease-producing power is most like the disease totality; s. 25 and 70, 5th.
4. The Homœopathic Law; a weaker dynamic affection is permanently extinguished by a stronger similar affection, deviating in kind; ss. 26, 27.
5. Hahnemann's estimate of the value of an explanation, and his (s. 28)
6. Attempt at explanation (ss. 29-69); the homœopathic remedy cures because:

First.—The stronger similar drug-disease is substituted for the weaker natural disease; s. 29.

(A.) For the following reasons:

1. Because drugs more readily affect the organism than do morbid agencies; ss. 30-35.
2. Morbid agencies do not always affect the system of everyone; s. 31.
3. Drugs always affect every one; s. 32.
4. This is attested by experience; s. 33.

Second.—The drug-disease must not only be stronger, but experience shows it must be similar; s. 34.

1. This is shown in nature; s. 34.

(A.) Results, when two dissimilar diseases meet in the same organism; s. 35.

- (a.) The stronger excludes the weaker; s. 36.
- (b.) Or they may coexist with equal intensity; ss. 36, 37.
- (c.) Or the stronger suspends the weaker, until it (the stronger) has run its own course; s. 38.
- (d.) Yet, Old Medicine learned nothing from this; s. 39.
- (e.) Or the two may join to form a new complicated disease; ss. 40, 41.
- (f.) The above results obtain only in dissimilar diseases; s. 42.

(B.) Results, when two similar diseases meet in the same organism; ss. 43, 44.

- (a.) The stronger will extinguish the weaker; s. 45.
- (b.) Or the stronger cures the weaker; s. 46.
- (c.) These are the most convincing arguments as to

the kind of agencies that should be employed in curing the sick ; ss. 47-49.

(d.) But nature is not equal to the task ; s. 50.

(e.) Drugs offer great advantages ;

For,

(a.) We have great numbers at our disposal ; s. 51.

(b.) And we can modify their action by modifying the dose ; s. 51.

The homœopathic method

(a.) Commends itself, because :

(a.) It is free from violent action ; ss. 51 and 66, 67.

(b.) And insures a gentle, certain, rapid, permanent cure ; ss. 52-54.

(c.) And alone depends upon natural law ; ss. 53, 54.

The allopathic or heteropathic,

(d.) . . . ; s. 55.

The antipathic or palliative,

(e.) . . . ; ss. 56-61.

(a.) Its dangers ;

The primary and secondary effects of drugs ; ss. 63-65 and 112-115.

(b.) Contrasted with the homœopathic method ; ss. 68, 69.

SEC. 70.—Summary of *First* and *Second*, of *Section 3*.

1. What is curable in disease.

(a.) The totality of symptoms, which alone points out the appropriate remedy ; s. 70, 1st.

2. What is curative in drugs.

(a.) Their power to alter health ; s. 70, 2d.

(a.) Drugs of dissimilar symptoms cannot cure ; s. 70, 3d.

(b.) Drugs of opposite symptoms afford but transient relief ; s. 70, 4th.

(c.) Drugs of similar symptoms are proven by experience to be the only salutary method ; s. 70, 5th.

The Homœopathic Law ;

(d.) Hence, the only salutary method or cure is that wherein each separate case of sickness is met by a

drug having (as manifested upon the healthy) a disease-producing power most similar in its "totality" to the "totality" of the disease-symptoms; s. 70, 5th and 25th.

SEC. 71.—Clear and distinct reasons for the selection of a remedy ; s. 3, *Third*.

Three Problems for the Physician.

First.—How to gain a knowledge of disease, necessary for its cure; ss. 72–104.

Second.—How to gain a knowledge of drugs, necessary to their use in curing disease; ss. 105–145.

Third.—How to gain a knowledge of the proper application of drugs to disease; ss. 146–294.

Problem First.—How to gain a knowledge of disease; ss. 72–104.

Diseases may be classified.

(A.) Acute, or short-period diseases; s. 72.

(B.) Chronic, or unlimited diseases; s. 72.

Acute Diseases; s. 73.

(a.) Arising from violent physical impressions (aggravations of latent psora); s. 73.

Acute fevers.

(b.) Arising from meteoric or telluric influences, to which only a few are susceptible; s. 73.

Sporadic diseases.

(c.) Arising in each case from the same cause; s. 73.

Epidemic diseases.

(a.) Infectious (diphtheria, typhoid, etc.); s. 73.

(From the same cause.)

(b.) Contagious (smallpox, yellow-fever, etc.); s. 73.

(From a fixed miasm.)

Chronic Diseases.

(a.) Those arising from the long-continued use of powerful drugs; ss. 74–76.

(b.) Those from constant exposure to avoidable noxious influences (but not properly called chronic); s. 77.

(c.) Those from some chronic miasm (true chronic diseases); s. 78.

(a.) Syphilis; s. 79.

(b.) Sycosis; s. 79.

(c.) Psora; s. 80, 81.

How to Study Diseases.

- (a.) Each case must be rigidly individualized; s. 82.
- (b.) Necessary qualifications in a physician; s. 83.
- (c.) How to take a case; ss. 84-104.

Problem Second.—How to gain a knowledge of drugs necessary to their curative use (he should clearly *comprehend what* is curative in drugs, etc.; s. 3); ss. 105-144.

- (a.) The entire range of the disease-making power of a drug must be known; s. 106.
 - (a.) This cannot be learned from drug-action on the sick; s. 107.
 - (b.) The only reliable way is to prove them on the healthy; s. 108.
 - (c.) Poisons taken with suicidal purpose, also furnish good provings of drugs; s. 110.
- (b.) All drug effects occur in obedience to a *fixed* natural law; ss. 111, 118, 119.
- (c.) Primary, secondary and alternating drug-effects; ss. 112-115, 64-67.
- (d.) Idiosyncrasies, susceptibilities, etc.; ss. 116-117.
- (e.) How to prove drugs; ss. 120-142.
- (f.) An ideal Materia Medica; ss. 143-145.

Problem Third.—A knowledge of how to apply drugs to disease;
s. 3. (General discussion.)

- (a.) The most suitable remedy; s. 147.
 - (a.) Theory of its action; s. 148.
 - (b.) Time required for its action; s. 149.
- (b.) On the number of the patient's symptoms, and their value; ss. 150-152.
- (c.) How to select the homœopathic remedy; s. 153.
- (d.) The amount of medicine necessary; s. 154.
- (e.) The various forms of drug-action; ss. 155-164.
 - (a.) A theory of how the drug acts; ss. 155, 156.
 - (b.) The homœopathic aggravation; ss. 157-161.
 - (c.) It may not be always possible to find the homœopathic remedy; ss. 162, 163.
 - (d.) The results in such a case; ss. 165, 166.
 - (e.) The selection of the second remedy; ss. 166-170.
 - (f.) A succession of remedies may be needed in psoric cases; s. 171.

Diseases to drugs.

- (f.) Partial, or one-sided diseases ; ss. 172-184.
 - (a.) The symptoms are few ; ss. 172-176.
 - (b.) Not difficult if peculiar and well-defined ; ss. 177, 178.
 - (c.) But in most cases the prescription will be imperfectly adapted to the case, and a second will have to be made ; ss. 179-183. (166-170.)
- (g.) Local affections ; ss. 185-203.
 - (a.) These may be regarded as partial diseases ; s. 185.
 - (b.) Local injuries belong to surgery ; s. 186.
 - (c.) Other local affections ; ss. 187-203.
 - (a.) These proceed from some internal cause ; ss. 187-189.
 - (b.) The treatment of such cases should be based upon the state of the whole system ; s. 190.
 - (c.) The effect of the homœopathic remedy upon such a case ; s. 191.
 - (d.) How to arrive at the totality of symptoms in such a case ; s. 192.
 - (e.) Because the local affection yields to systematic treatment no external remedy is required ; ss. 193, 194.
 - (f.) Antipsoric treatment is generally necessary to complete the cure ; s. 195.
 - (g.) Internal and external use of the same remedy condemned ; ss. 196-198.
 - (h.) Value of the external symptom ; ss. 199-202.
 - (i.) External treatment is pernicious ; s. 203.
- (h.) Chronic diseases ; ss. 204-209.
 - (a.) Arising from unwholesome habits, or from persistent use of drugs ; s. 204.
 - (b.) The three miasms ; s. 104.
 - (a.) Syphilis, sign-chancere, bubo ; s. 104.
 - (b.) Sycosis, sign-condyloid excrescences ; s. 104.
 - (c.) Psora, the chief source of chronic disease ; s. 104.
 - (a.) The only way to cure these is the use of the homœopathic remedy ; s. 204.
 - (b.) The totality of symptoms is the only basis of treatment ; s. 206-208.
 - (c.) Selection of the remedy ; s. 209.

- (i.) Mental diseases; ss. 210–230.
 - (a.) Mental diseases are *always accompanied* by physical modifications; s. 210.
 - (b.) Drugs have great influence over mental states; ss. 211–212.
 - (c.) Mental are second in importance, only to physical symptoms (in the totality); s. 213.
 - (d.) Mental diseases are conspicuously one-sided diseases; ss. 214–223.
 - (e.) Two classes as to origin;
 - (a.) Those that spring from purely physical causes;
 - (b.) Those that spring from intense mental states; s. 225.
 - (c.) How they are distinguished from each other; s. 226.
 - (d.) Both forms are founded on psoric miasm; s. 222, and to be treated by antipsoric; ss. 223, 227, 230.
 - (f.) All mental diseases to be treated with great firmness and gentleness; ss. 228, 229.
 - (j.) Intermittent diseases; ss. 231–244.
 - (a.) Alternating diseases; s. 232.
 - (b.) Typical intermittents; s. 233.
 - (c.) Non-febrile intermittents; s. 234.
 - (d.) Sporadic or epidemic intermittents; ss. 235, 240–242.
 - (a.) When to give the remedy; ss. 236–238.
 - (b.) Many drugs give intermittent symptoms; s. 239.
 - (e.) Psoric intermittents; ss. 242, 243.
 - (f.) Endemic intermittents; s. 244.
- Drugs to Diseases; ss. 245–294.
- (a.) *Dose and remedy*; ss. 245–294.
 - (a.) On the repetition of dose (how long a dose acts); ss. 245–248.
 - (b.) Effect of the wrong remedy; ss. 249–250.
 - (c.) Alternating effects of some remedies; s. 251.
 - (d.) In chronic cases, suspect errors of regimen; s. 252.
 - (e.) How to distinguish improvement from aggravation; ss. 253–256.
 - (f.) If improvement be delayed; ss. 252–255.

- (g.) The physician should be wholly without prejudice in estimating a remedy; ss. 257, 258.
- (h.) The care to be exercised in regimen; ss. 259-263.
- (i.) Only reliable drugs to be employed; s. 264.
- (j.) The physician must be certain his remedies are taken; s. 265.
- (k.) Directions for preparing drugs; ss. 266-271.
- (l.) The single remedy advised; ss. 272-274.
- (m.) Size of dose, and reasons; ss. 275-283.
 - (a.) The *efficacy* of a remedy depends on two causes;
 - (a.) *Its accurate homœopathic selection*; s. 274.
 - (b.) The minuteness of the dose; s. 275.
 - (c.) Both the accuracy and the size of the dose tend to produce a surplus of energy; s. 275.
 - (d.) Too large a dose is injurious.
 - (a.) In direct proportion to the largeness of the dose.
 - (b.) In direct proportion to the homœopathic similitude; s. 276.
 - (c.) In direct proportion to the (low) potency; s. 276.
 - (d.) To be gently curative the dose must be extremely minute; s. 277.
 - (e.) The extent to which this reduction should be carried; ss. 278-280.
 - (b.) The efficacy also depends upon the *susceptibility* of the patient, because he is sick; s. 281.
 - (c.) The dose should be just large enough to produce a slight aggravation; s. 283.
 - (d.) The aggravation will be in direct proportion to
 - (a.) The size (low potency and amount); ss. 283-285.
 - (b.) And the bulk of the menstruum; ss. 286, 287.
 - (n.) Liquids act with great rapidity; s. 288.
- (b.) Methods of administration; ss. 289-292.
- (c.) Mesmerism as an adjuvant; ss. 293, 294.

GELSEMIUM SEMPERVIRENS (YELLOW JESSAMINE).

BY AUG. KORNDORFER, M.D., PHILADELPHIA.

(Read before the Hahnemann Club of Philadelphia.)

THOUGH introduced already in 1852 and presenting a variety of symptoms, equal in importance to many of the older polychrests, gelsemium seems better known through empirical use than through its well defined characteristics developed in the provings. Dr. Hering used to say: "Gelsemium came by the breach," owing to the fact that its clinical use preceded its provings. He would laughingly add, "better by the breach than not at all." Excuse for merely empirical use of this remedy no longer exists, therefore let us together this evening make a careful study of its effects, in order that we may define its true sphere of action. Heroic experiments with massive doses show it to be capable of inducing paralysis of both sensation and motion, the order of sequence varying in different individuals. It also reduces the force and rate of the heart's action and pulse. Respiration becomes slower and the temperature reduced; the heart's action is not suspended until after the respiration has ceased. Moderate doses of the tincture may develop an agreeable sense of languor and tranquility, followed by slight dizziness, impairment of vision and drooping of the eyelids; a feeling of numbness beginning in the scalp and gradually extending to the upper and then the lower extremities, followed by impaired mobility, embarrassment of respiration and enfeeblement of the heart's action. A still larger dose intensifies all these effects, produces marked vertigo, almost total blindness and decided ptosis. (Williams.)

Lack of muscular co-ordination is quite marked; and in some cases we may find distressing spasm of the pharynx and larynx, dilatation of the pupils, diplopia, or greatly impaired vision and congested appearance of the face. The skin is warm and dry until the approach of death, when it grows cool and moist. From such crude reports of poisonings, we gain but meagre knowledge of that which constitutes the true genius of the drug, that which gives expression to its sphere of action homœopathically. Just as analytical chemistry requires the nicest distinctions and differentiations, so does the analysis of a drug pathogenesis require the finest definition of its symptoms. Thus analyzed we find gelsemium to present a mental torpor, expressed by the provers as a dulness of the mental faculties; an

incapacity to think, or to fix the attention ; ideas seem disconnected ; cannot think consecutively ; if he attempts it he is attacked by a painfully vacant feeling of the mind. The heaviness or dulness of the head is relieved by profuse flow of watery urine. There is often a confusion of mind, and the muscles refuse to obey the will. With this mental state there is an irritability of mind and a disposition to be let alone. We find, also, a feeling of tightness of the brain, and in some cases a sensitive bruised feeling of the brain.

Depression of spirits, and confusion of mind are found in almost all forms of disease where gelsemium is indicated, though peculiarly characteristic in cases of onanism.

In some brain conditions, and in some of the headaches, we may find the patient very vehement and demonstrative—in such cases the lower potencies should receive the preference.

The vertigo usually begins in the occiput, spreading thence over the whole head, and is accompanied by blurred vision. The light-headed and dizzy feelings are aggravated by sudden movement of the head, and by walking.

The headaches vary. Occasionally the pain is in the forehead and vertex only, but more frequently the pains begin in the occiput, or cervical spine, and spread upwards and forwards ; dimness of vision, or diplopia, commonly accompany the headaches. The pains are sharp, neuralgic in character, at times excruciating, worse from lying, stooping, or moving, also from bandaging, and are relieved when reclining with the head and shoulders elevated upon high pillows.

Drooping of the eyelids (ptosis), resultant upon paresis of the third nerve, is a prominent symptom ; the lids feel heavy, can scarcely keep them open. Pupils are dilated and vision is dim ; or, objects appear double ; or we may have confusion of sight on using both eyes, not with either eye alone—cases occur when the double vision is observed only when inclining the head sideways, not when the head is held erect. The defections of vision are largely dependent upon a paretic condition of the muscles of the ball ; here, too, the third nerve plays an important part, supplying as it does the inferior oblique and all the recti except the external. Inflammatory conditions form an important part of the gelsemium eye affections ; thus we have serious choroiditis, retino-choroiditis, retinitis albuminurica, iritis, etc. Bruised pain in the eyeballs is characteristic ; the vitreous may become so hazy that the fundus cannot be seen.

Gelsemium may be indicated in catarrhal affections of the ears, especially in the early stages, when marked by roaring or rushing

sounds. Attacks of sudden temporary loss of hearing have been cured by it. Pain from the throat to the middle ear is a symptom of importance, and one frequently confirmed by cures. The last two symptoms may accompany Eustachian catarrh. Its affinity for catarrh is also manifest in the violent paroxysms of sneezing in the morning, sense of fulness at the root of the nose, watery, excoriating discharge from the nose, edges of the nostrils inclined to be sore and red, and nasal voice, especially indicated in spring and summer colds.

The face of the gelsemium patient inclines to be flushed and hot to the touch; it may have a heavy, besotted expression—this heavy, dull look, but with pale face, is found in onanists. Among its many neurotic symptoms must be mentioned severe neuralgia, involving one or other branch of the fifth pair. Muscles of the face seem contracted, especially around the mouth, making it difficult to speak. Toothache from cold, or purely neurotic in origin, is promptly relieved when the accompanying symptoms belong to the remedy. During dentition the child becomes frantic with pains in the gums and ears. The parietic action of the drug is again manifested in the numbness and trembling of the tongue, which can scarcely be protruded. Tongue feels thick; can scarcely speak. Tongue coated white or brown, or it may be red and inflamed-looking. The breath is foetid.

Primary gastric symptoms are not marked, though reflex symptoms are common; thus we find nausea, vomiting and cold sweat on the forehead, with the neuralgic headache. Sensation of great weakness, gone feeling, or emptiness of stomach in various depressed states of the system, as in onanists. Great weight in the stomach, with dull pain, possibly resulting from passive congestion. Gastralgia relieved when riding and when sitting erect. Passive congestion of the liver, accompanied by vertigo, fulness of the head and dim sight, has been cured by gelsemium; bilious diarrhoea may also occur in this condition, as also jaundice and clay-colored stools.

Acute enteritis occurring during damp weather occasionally calls for gelsemium. Intestinal neuralgia, periodic; the pains are lancinating, and accompanied by great excitement and restfulness, cold hands and feet, rapid pulse and tendency to general cramps.

The diarrhoeas of gelsemium may be divided into three characteristic forms: The nervous, consequent upon fright, grief, bad news, or an anxious, apprehensive state of mind; the catarrhal, occurring during damp weather; the bilious, occurring during passive congestion of the liver; in such we have much flatulence and marked

nervous weakness ; there may be severe griping in the bowels, relieved by copious bilious stools.

The stools vary in color, according to the nature of the affection, being either yellow, cream-colored, clay-colored, like green tea, or bilious-looking.

Constipation may occur, owing to lack of muscular tonicity of the gut.

Paralysis of the bladder may exist with the deceptive symptom, frequent small discharge of urine ; or we may have the more suspicious, constant dribbling without ability to pass a quantity, even with effort. Excitement occasionally may induce involuntary micturition ; this symptom is nearly related to the sudden diarrhoea from fright.

We find exhaustion of sexual power quite marked ; emissions result upon even slight caress. Seminal emissions occur, without erection. The genitals are cold and relaxed ; the patient complains of dragging pains in the testicles.

The female genitals afford a number of characteristics for the choice of gelsemium. Thus we have ovarian irritation with the characteristic headaches ; again, uterine pains shoot up the back, and compel her to sit up ; or sharp, labor-like pains in the uterine region, extending to the back and hips. Suppressed menses, associated with congestion to the head, and accompanied by sharp, darting, twitching pains in the face and head ; such cases may suffer from convulsions every evening.

The leucorrhœa of gelsemium is characteristic in its flow, coming in gushes day and night ; the discharge is white, and is accompanied by aching across the lower part of the back, and a heavy fulness in the uterine region.

Threatened abortion from sudden depressing emotions. False pains before parturition ; pains run upward, or backwards and upwards ; or, we find cramping pains in various parts of the abdomen. Pains leave the uterus and fly all over the body.

The os uteri, rigid and unyielding during labor, attended with much nervous excitement, represents the spasmodic action of the drug ; on the other hand, complete atony of the uterus, os widely dilated, patient drowsy and dull, represents its peretic action ; in such cases we may find albuminuria.

Gelsemium, in its action upon the respiratory organs, develops neurotic, catarrhal and inflammatory conditions ; thus we find spasmodic affections involving the larynx and bronchi, resulting in asthmatic symptoms ; and on the other hand we find the paretic action

manifest in extreme and alarming difficulty of breathing, with distressing sense of fulness, and oppression of the chest, great chilliness, cold extremities, slow and sluggish pulse, and extreme restlessness from the threatened suffocation, with continual demand for fresh air; the respiratory murmurs are feeble and obscure. The catarrhal conditions arise from colds, usually during the spring or early summer, when the system is relaxed and debilitated; we find paroxysms of hoarseness, the throat is dry and rough, the chest feels raw; cough from tickling or irritation in the fauces; cough aggravates the sore feeling in chest. Constrictive pains around the lower part of the chest.

The inflammatory action is shown in the congestive form of pneumonia, caused by checked sweat; pains under both scapulæ; short paroxysms of pain in the upper part of the right lung on taking a deep breath.

Cardiac neuroses require gelsemium when the heart's action is slow and feeble; patient often feels as if the heart would stop beating if he did not keep walking; suffers from nervous chills, cold hands and feet.

Palpitation, more especially in hysterical patients. Inflammatory affections of the heart, especially when of rheumatic origin. In fevers the pulse is quick, soft and irregular.

Rheumatism, or at least rheumatoid pain in various parts of the body, is quite marked. Deep-seated muscular pains, with desire to be still. Rheumatic pains in the limbs, as if in the bones and joints; the lower limbs are most affected. Myalgias are common, especially of the muscles of the neck, characterized by lameness and stiffness; on awaking at night retraction of the head backwards, relieved by bending the head forwards; pains in the neck are mostly in the upper part of the sterno-cleido muscles.

The parietic action of gelsemium is marked in the lower extremities: thus we have feeling of weakness in the back and limbs; trembling of the limbs; loss of control of the limbs, could not direct their movements with precision; staggers as if drunk; such symptoms point unmistakably to locomotor ataxia. In addition to these we find the patient easily fatigued, especially in the lower limbs; muscles relaxed.

The gelsemium sleep is disturbed and restless, worse toward morning, and accompanied by unpleasant dreams after midnight.

As might have been predicted, gelsemium has proved curative in intermittent fevers. The periodicity seems regular, but the attacks

are marked more by the results of defective innervation than by the other symptoms. The chill is especially along the spine. The heat is accompanied by prickling of the skin, and is soon followed by sweat. Types, quotidian and tertian. This remedy is more frequently indicated in typhoid forms of fever, especially incipient typhoid, with severe pains in the head, back and limbs, extreme lassitude, fever and chilliness; the tongue is either clean or coated yellow or brown. The languor, and dull, heavy, drowsy or stupid state, together with the great prostration of the vital forces already in the early stages, should lead one promptly to this remedy.

Though not indicated in skin diseases proper, gelsemium may prove useful in erythema of the face and neck, especially in neurotic patients. It is, however, often indicated in measles; also in retrocedent measles, with livid spots here and there, and marked by the characteristic dulness of the brain, or accompanied by abdominal or thoracic congestion.

Scarlet fever, with stupor and flushed face, as well as asthenic forms of the disease, with the typical cerebral symptoms, are amenable to the curative action of this remedy.

Thus, on a critical review of its pathogenesis, we find a marked line of neurotic symptoms, which in the individual case, whether catarrhal, inflammatory or purely neurotic in nature, invariably gives type to the affection, and affords the leading indications in the selection of gelsemium as a curative agent.

AN INVOLUNTARY PROVING OF IODIDE OF POTASSIUM.

BY R. E. HINMAN, M.D., CHARLOTTE, N. C.

IN the November (1888) number of *The Satellite* is an article from *Ann. de Derm. et de Syph.*, vol. ix., 1888, describing a vegetating and atrophic pemphigoid eruption due to iodine. While reading this article, I was reminded of the following case observed by me a few weeks since: The patient, B. B., had been suffering from an affection of the eyes, and had consulted an allopathic specialist, who prescribed glasses, which gave great relief; but not content to let well-enough alone, prescribed iodide of potash (saturated solution) in doses of two drachms, three times a day. This was kept up until *twelve ounces* were taken;

this, too, although there was no history of syphilis, and no reason for suspecting such a condition.

After he had taken about eight ounces of iodide of potassium, he was afflicted with a "crop" of boils. He ceased taking the drug for a few days, and the boils began to improve. Not suspecting the origin of the trouble, he recommenced the drug.

In about a week after this he came to me, presenting the following symptoms: A slight fever every morning; a feeling of lassitude and poor appetite. On the face were several boils, which were extremely sensitive; the scalp was almost entirely covered with furuncles, itching in a most aggravating manner. A slight eruption along the perineum also caused much annoyance. The nates and back were covered with copper-colored blotches, which finally spread to the thighs; these simulated very closely the roseola of syphilis. There was a slight urethral discharge unaccompanied by tenesmus or burning.

On the foreskin were from ten to a dozen nodules, feeling like small buttons or split peas, underneath the skin; the epidermis over these nodules scaled off like the desquamation after scarlet fever; none "broke" or discharged.

The voice was husky; there was a slight, loose cough. The throat was red and tumefied, but there were no signs of mucous patches. He perspired easily, and on slight exertion.

I first ordered that the iodide be discontinued. At once a remission in his symptoms was noted. On renewing the drug, however, the symptoms immediately reappeared in an aggravated form. I then had him stop the iodide entirely, and in its place administered hepar, under which remedy a complete cure was effected.

I gave hepar, from the symptoms presented by the boils, which caused him the greatest annoyance. I have subsequently attended the family of this man, and cannot discover the slightest trace of syphilis, either hereditary or otherwise, in any of them.

In conversation with him since, he has told me that he omitted taking the drug several times, thinking that it might be the cause of his symptoms, and that each time he improved somewhat, but did not like to discontinue its use entirely without medical advice, so he kept on using it until he consulted me.

NAPHTHALIN IN HAY COLD.

BY HAVARD LINDLEY, M.D., BALTIMORE, MD.

It is a common belief among the laity that nothing can be done for "hay or rose cold," unless the sufferer belongs to that fortunate class who can drop business and go to the higher mountain latitudes where such troubles are unknown. The question of curing or even palliating the attack has been for years a perplexing study to many; any one who succeeds in curing a majority of his cases has been fortunate indeed. In the hope of presenting a slight contribution to the treatment of this obstinate affection, I respectfully submit the following case, at the same time fully appreciating the fact that "one swallow does not make a summer:"

Mr. H. T. Q., age 32, has suffered for ten or twelve years with an aggravated form of what he calls "locust cold," from the fact that it comes on about May 16th to 19th, just the time the locusts are in bloom and that their perfume seems to make him worse. He has tried everything he could think or hear of, without benefit. This year he came to me, not because he thought I could help him, but merely for the sake of doing something. I found him with a fully developed case of "hay or rose" cold, with the usual symptoms, constant sneezing, profuse discharge from nose and eyes, loss of appetite, conjunctivæ much inflamed, and eyes very painful.

After giving him the usual remedies, *ars.*, *ars. jod.*, *arum triph.*, *eucalyptus*, etc., with no effect, and the linden trees having bloomed meanwhile and aggravated his case just as the locusts did, I was talking to my friend, Dr. F. C. Drane, of this city, and he suggested naphthalin. Mr. O. is superintendent in a manufactory that uses coal-tar, and one of the by-products is naphtha. He had noticed that his trouble was always worse at night and on Sundays; *i.e.*, at the time he was away from the factory, and that shortly after going to his work in the morning all his symptoms disappeared, only to return in the evening after reaching home. Taking this as a pointer, I accepted Dr. Drane's suggestion and gave him naphthalin 2x in tablets four times a day, with the best of results. It acted at once, and in three days he was "all right" with the excepting of a "feeling of sand in his eyes." I then gave him naphthalin 3x, and three powders of ferrum phos. 6x for the "sand." He has had no trouble since, and says he is perfectly cured. This was three weeks ago. In former years his cold has always lasted until about July 6th to 10th, so I think I may fairly claim to have at least cut short his malady.

JUNE 21, 1889.

A NOTE ON THE USE OF ABSINTHE.

BY JAMES KITCHEN, M.D., PHILADELPHIA.

ABSINTHE is a remedy that I have now been using for over twenty years in various nervous affections, more especially in epilepsy. I refer particularly to epilepsy and epileptic affections from the fact that I have derived more benefit from absinthe in mild and in severe attacks of that disease than in other cases in which I have been in the habit of administering it. I was induced to give it in such cases from various readings I met with in French papers and journals of its effects when used as a common drink among the French people. Its deleterious effects when thus taken were chiefly noted on the nervous system. The hospitals and asylums of France were filled with inmates suffering from every grade of nerve poisoning as a result of its use.

As I have said already, my chief use of the remedy has been in epilepsy, though I have given it frequently as a nerve tonic. In the latter class of cases I have usually administered it in appreciable doses of several drops in water before meals. My chief remedy in the treatment of epilepsy, however, is the bromide of ammonium. I prefer it to the other bromides, after an experienced use of all; but as mentioned above, I have used the absinthe when the bromide failed, and in some few cases with better results.

"HAWKING" AS A CAUSE OF DEAFNESS.

BY HORACE F. IVINS, M.D., PHILADELPHIA.

FOR centuries past catarrhal and other affections of the naso-pharynx have been classed as the greatest causes of catarrhal, if not of all deafness. The route of their attack is not difficult to understand; it is evidently *via* the Eustachian tubes, but the arms and ammunition employed are not always so readily determined.

When the naso-pharyngeal condition is one of catarrh, the secretions may block the Eustachian mouths or the process may extend along the canals, setting up catarrhal agglutinations, adhesions, or thickenings; the middle-ear being finally involved in the process.

Should hypertrophied glands, neoplasms, abscesses, or œdema be

situated in such a position as to press either upon the mouths of the Eustachian canals or upon the palato-tubal muscles, impairing their free action, these orifices will not open physiologically during mastication, deglutition, etc. Any weakness, relaxation, or paralysis of the palato-tubal muscles, the result of syphilis, diphtheria, scarlet fever or other exanthemata, hypertrophy, atrophy, injury, or the absence of any of these muscles owing to cleft palate, may give rise to the same effects. Whatever, therefore, the naso-pharyngeal condition, or the mode of procedure, it is the partial or complete, more or less constant, closure of the Eustachian tubes to the entrance of air, that is responsible for the tympanic deafness and its accompaniments.

Although these results are pretty sure to follow in the manner stated, it is the object of this little sketch to point out one act which is very often responsible for hastening the appearance of weight, pain, râles, tinnitus, and deafness in these cases, an act the result of which is not heeded and apparently unnoted, viz.: screatus or hawking, for the purpose of dislodging post-nasal collections of mucus, pus, or blood. Should there be no involvement of the Eustachian passages or of the muscles directly concerned, the screatus only serves to affect the condition secondarily by aggravating the naso-pharyngeal condition, for the tubes are free to the exit and entrance of air, but should a catarrh exist to such a degree as to render the walls slightly adhesive, or the muscles be so involved as to prevent their prompt action in opening the mouths of the tubes, the hawking is immediately potent for harm. This occurs as a result of the sudden aspiration of some of the tympanic air, the equilibrium not being speedily established upon deglutition owing to the adhesive nature of the tubal secretions, the pressure on the mouths of these canals, or the loss of power on the part of the palato-tubal muscles.

The only definition of "Hawking" accessible to the writer is found in the unabridged dictionaries; the medical lexicons seem to disregard it altogether, except in referring "screatus" to hawking. That given by Webster is "To make an effort to force up phlegm with noise; as, to *hawk* or spit." It seems, therefore, well to give some idea of what is here meant by the word. A little investigation will serve to show that this "effort to force up phlegm with noise" consists of two distinct acts, not always performed on the same occasion, but sufficiently constant and closely associated to be classed as two distinct acts, though embodied under the same title. They are: (1) an act of dislodgement, and (2) an act of expulsion. It may be said in general terms that the former occurs during a forced nasal inspi-

ration, the latter during forced expiration through the mouth. The former is produced by the alternate partial closure and relaxation of the nasal chambers and posterior nasal space, due to the rapid contraction and relaxation of the soft palate and post-pharyngeal wall aided by the *alæ nasi*. The action of the soft palate opens the Eustachian mouths by the contraction of the palato-tubal muscles; the action of the pharyngeal muscles and *alæ nasi* serving to alternately diminish and increase the air space, and as a result the air's density and rarity. These combined and concerted actions serve to repeatedly rarefy the air in the naso-pharynx, with a resultant partial exhaustion of the air about the Eustachian orifices, which in turn is transmitted to that within the tubes and tympanum.

The act of expulsion consists in contracting the upper pharyngeal muscles, and in the contacts of the soft palate with the pharynx and transverse pharyngeal muscle; the expiratory current serving to set into vibration the relaxed uvula and edges of the half-arches. This act has but little effect upon the air contained within the naso-pharynx, above the transverse pharyngeal muscle. It is, therefore, the act of dislodgement and not that of expulsion that does the harm in *screatus*, and to which the writer especially desires to direct attention.

That the ears are injuriously affected by hawking can be proved both subjectively and objectively: subjectively by the sudden onset of pain, weight, impairment of hearing, and often of tinnitus and *râles*; objectively by the prompt change in the appearance of the drum-membrane, *i.e.*, in its lost or changed cone of light and general depression. If the middle ear catarrh is not too far advanced, the use of the Politzer bag or Eustachian catheter will promptly relieve the sensations of deafness and tinnitus and usually that of weight, but the pain is more lasting. Otoscopically the *membrana tympani* is seen to have resumed the condition present before its disturbance, minus a slight congestion in some cases.

The frequent repetition of *screatus*, *i.e.*, the act of dislodgement, frequently soon leads to permanently impaired hearing and almost intolerable tinnitus aurum. It is not to be understood that all persons who suffer from pharyngo-tubal catarrh, or impairment of the muscles pertaining thereto, are subjected to these symptoms, but investigation will bring to light a large number of those who are. The cure for this complication evidently lies in the prompt removal of their cause by means of local as well as internal treatment; where the cause is only discovered after too much mischief has been done to

allow of a cure, it remains for the physician to do what he can to overcome the sequences as well.

In conclusion, it may be noted that the same pneumato-tubal effects will often follow the act of deglutition if the nasal-passages of those affected, as already described, be closed by the pressure of the fingers and thumb. This serves to show the very injurious results which must follow the repeated acts of deglutition upon those who have any form of nasal obstruction, and greatly emphasizes the importance of prompt treatment for such cases.

CHRONIC ARSENICAL POISONING.

BY PROF. BROUARDEL, PARIS.

(Translated from *Bulletin Medical*, by S. Lillenthal, M.D., San Francisco, Cal.)

THE chronic forms of arsenical poisoning are not sufficiently known. I have met with cases at Hyeres following the use of wine containing arsenic, and at Havre, in consequence of a poisoning at a pharmacy. In this chronic form and in the sub-acute forms death may occur even after several months.

In the sub-acute form the same organs are attacked as in the acute, but the symptoms vary so much that an error in diagnosis is very readily made. In the first period we meet, as in the acute poisoning, digestive troubles; often only a general malaise with symptoms of gastric disturbance, or with a fever of such a character as to make the physician suspect the onset of typhoid fever. Hahnemann described already in 1786 three phases of arsenical poisoning. He said: "When the intoxication passes into a chronic state, one meets with fever, with colic, spasmodic retraction of the stomach, headache, heat, thirst, and off and on, vomiting and diarrhoea, followed by pains in the extremities, tremors and paralysis." The vomiting is characteristic, differing from that of acute poisoning, being without pains in the stomach, coming suddenly and passing off without any particular sensation in the epigastric region. There is copious vomiting of slimy fluid mixed with bile, often seven or eight times in the course of a day, constipation is more frequent than diarrhoea, the stools sometimes being bloody; otherwise the intestinal troubles are of short duration.

In the second period a catarrhal trouble of the larynx and bronchial tubes appear. The expectoration may even be bloody. There

is also intense nasal catarrh, often accompanied by injection of the conjunctiva and lachrymation. Skin eruptions may appear before or after the catarrh. The eyelids and the scrotum are red and swollen. An erythema with squamous exfoliation of the epidermis occurs and may be accompanied by loss of the nails, or by blisters or urticaria. None of the cutaneous manifestations of arsenical poisoning have a pathognomonic character.

In the third period troubles of sensibility appear. Headache is very frequent, the pain occupying the entire cranium, and lasting for a long time. In the upper, and especially in the lower, extremities the patient experiences a disagreeable numbness, often accompanied, by painful cramps. Simple diminution of sensibility was noticed, especially in the feet and hands. The special senses are hardly affected. Dubroady once observed a cataract which was apparently of toxic origin. The secretions, especially those of the spine, seem to be increased, particularly in young people. Anaphrodisia was nearly always found in our patients.

In the fourth period we have paralysis. Motor troubles come late in the course of arsenical poisoning. Where the intoxication is not very profound we may meet with vertigo only. It begins with a certain degree of muscular weakness; then paresis sets in; the patient tires readily, and finds ascending difficult. In walking he throws his feet before him, but not laterally. As the paralysis increases he finds himself unable to stand without support; and when sitting the feet hang relaxed and flabby. It seems that the paralysis begins in the extensors of the toes; at any rate it persists longer in those parts. The other muscles of the anterior tibial group are also often involved. So far as the posterior muscles of the leg are concerned, we find that the flexors of the toes are also attacked, while the functions of the gemelli and soleus are usually well-preserved. In the thighs one meets with weakness of the inferior parts of the vastus internus and externus, but not in the rectus femoris. All paralyzed muscles become atrophied. The upper extremities become attacked later, but never to the same degree as the lower. Here, also, the extensors of the fingers, and especially of the extensor communis digitorum, suffer the most. The muscles of the face and the sphincters escaped entirely. The excitability of the affected muscles to pressure is increased. They contract when struck by the fingers or hammer; galvanic irritability is preserved in all muscles. The inversion of the normal formula is observed in only a few cases, and then always at the extensors of the toes and the vastus internus. In the first of these two

muscles four patients showed An C C greater than Ca C C. In some other muscles the inversion of the formula was not complete. Generally, the muscular twitchings caused by a galvanic excitation were slow. Indirect excitation of the nervous trunks showed that the Faradic current does not act fully on all the muscles innervated by that nerve, while the application of the galvanic current on the same nerve shows itself on all the muscles.

In the lower extremities the tendon-reflexes are abolished. The plantar reflex though present, is weak; while the cremaster and abdominal reflexes are of normal intensity.

A cure may be possible in cases of arsenical poisoning in which the different periods are slow in developing, and in which it takes more than a year for the paralysis to become marked. Death occurs as a result of cardiac complications. One patient succumbed to syncope, another to endocarditis, and still another to a valvular lesion. Or the poison may eliminate itself by the liver, kidneys, and anatomical modification in the cells of these organs produce death. We meet here some similarities to alcoholic intoxication.

In cases where one has reason to suspect arsenical poisoning, the urine should be collected and examined. Even two months after the cessation of the poisoning the drug may be detected in the urine.

Dauval, in 1879, experimented on dogs and rabbits, to learn whether or not arsenic could be detected in the bones. He found that arsenic accumulates in the spongy tissue of the bones, so that its presence can be detected in the bones of the cranium and vertebræ, even after every trace of the poison has disappeared from the viscera, as the liver, which usually absorbs the larger quantity. This localization of the poison in the spongy tissue of the bones is particularly intense in cases in which arsenic has been taken in small doses, just strong enough to show after a few hours some symptoms of poisoning.

When arsenic has been taken in large doses a general diffusion of it in all organs takes place. The cases of poisoning at Hyeres and Havre demonstrated the presence of arsenic in the bones of the skull and vertebræ, in the skin and hair, and in the nails. It is worthy of mention that phosphorus also attacks the spongy structure of bones.

Gautier remarks that in Russia the peasants are in the habit of sprinkling arsenical powders in their clothing and on their bedding to drive off vermin. They often suffer in consequence from arsenical eruptions, from muscular pains, paresis of the extensors, etc. He found from his experiments with animals that arsenic localizes itself in the brain and spinal cord, in the liver, and slowly in the bones.

EDITORIAL.

AN ELIXIR OF LIFE—ITS RISE AND FALL.

ONE would hardly believe that at this late period of the nineteenth century there would be inaugurated, by scientific men of reputation, a search, if not for the "fountain of youth," at least for an "elixir of life," the properties of which should be such as to give to the aged renewed vigor and youth. Not only has an attempt to make such a discovery been made, but the discoverer seems to think that he has made a great discovery. Unfortunately, the discoverer is a man who was, for many years, recognized as a leader in physiological investigations; in fact, he is none other than Brown-Sequard of Paris. The members of the Biological Society of that city were electrified (astonished is too mild a word) at one of their June meetings, at a communication presented by that gentleman. Briefly stated, the eminent physiologist announced that he had obtained from the testicles of young animals, by compression and washing, a fluid which, injected into the subcutaneous connective tissue, was capable of giving to the human system renewed youth and vigor. He had repeated these injections on himself every day for a fortnight, and as a result had experienced a rejuvenation of all his forces, both mental and physical. He was enabled to stand and work in his laboratory for hours at a time, a thing he had not been able to do for years. His bowels, which had for some time been very sluggish, now acted regularly; the function of micturition was also performed with greater ease.

As was to be expected, Brown-Sequard's report was not received with much credulity. In fact, it is safe to say, that but for his eminence it would have been greeted with disrespect. As it was, the simple remarks were made that these investigations would have to be confirmed by other self-experimenters before they were likely to meet with general acceptance.

Had the thing stopped here, we would not take up our space by consideration of the subject. Unfortunately, the public press had its attention attracted to the subject, and forthwith proceeded to investigate. In the meantime, Dr. Brown-Sequard pursued his investigations still further, and as a result made a second communication, which, if anything, was even more remarkable in its character than

the first one. One can hardly believe that any one in his sane mind would think of making such statements. The learned physiologist *actually recommended incomplete masturbation as a means of rejuvenation*. Just think of it! The vice that has long been recognized as an efficient means of sapping the vitality of youth, recommended as a rejuvenator! No wonder the sensibilities of some of our esteemed contemporaries were so shocked that they could only present the idea of Brown-Sequard's second paper in the original French, not being able to translate the same into decent English!

The public press, on having its attention directed to the subject, at once set its reporters to work interviewing physicians far and wide. Men who never before had the opportunity to get into print had the opportunity of their lives. Many of them did not hesitate to avail themselves of it. Patients were sought. Rejuvenating fluid was obtained. The results were then telegraphed to all the papers in the country, and the experimenter was the hero of the hour. Unfavorable results were unknown. Reporters were invited by the would-be-famous to be present at the operations. Was not such an opportunity for free medical advertising just glorious?

A reaction came at last, as was to have been expected. First, a doctor from St. Louis announced that he had discovered numbers of the bacilli of tuberculosis in the life-(?) renewing "elixir." Then cases of illness following the injections were reported. Two reporters who had given themselves for scientific experiment were made so ill thereby that they were required to take to their beds. Still later news informs us that several subjects of these experimenters have instituted suits for damages against the experimenters. Numerous ill effects from the "elixir" are being reported all over the country. And what is probably "the unkindest cut of all," a physician of this city has announced that *he has obtained most remarkable rejuvenating results from the hypodermic administration of mucilage prepared from gum Arabic*.

The history of Brown-Sequard's "elixir" is not creditable to the medical profession. A German medical journal, commenting on it, says that the incident only goes to show the importance of retiring all professors at the age of seventy. (Brown-Sequard is seventy-two.) So far as we can ascertain, the men who have been guilty in obtaining the free advertising are not prominently known in the profession; in fact, they have generally been men with few patients, and lots of time for just this sort of experimenting.

Is there, then, no value in the "elixir?" Some few physicians

have thought that it did really possess stimulating powers, such as might be obtained from alcohol or cocaine. This is not at all improbable, as the testicles could very readily contain some stimulating leucomaine.

In spite of all the reputation Brown-Sequard has obtained from his latest experiments, he has really advocated no new procedure. A superstition of ancient Rome assigned to the testicular juices powers of rejuvenation.

The whole affair has also a humorous side. The Anti-vivisection Society of England has become alarmed, and one of its Executive Committee has issued a pronunciamento against the Brown-Sequard procedure. He dreads that "the use of the vital liquid prepared from the testicles of animals should galvanize into activity the animal passions which lie dormant in the bosom in even the most sober and best Englishmen." The writer, moreover, sees in the "elixir" "the animalization of future generations of Englishmen in consequence of the fluid finding its way into their veins."

An old lesson, one that we have all learned, is taught by the unmethodical manner in which the experiments with the rejuvenator have been conducted by allopathic physicians. Originally it was recommended as a means for the rejuvenation of those suffering from senile debility. True to their nature, allopaths have been employing it in about every pathological condition known, from typhoid fever, Bright's disease and rheumatism to the debility of old age. It is only a miracle that the well-known relation between the parotid glands and the testicles did not lead them to administer it in mumps. This, of course, is the orthodox way of experimenting with all new therapeutic measures. It reminds us of the boy with a new pop-gun: he generally shoots at everything within reach.

DR. J. K. LEE.

DR. J. K. Lee, who lost his life at the flood of Johnstown, on May 31, 1889, was born at Freeport, Pa., on August 14, 1841. During the war he served as a private soldier in the cavalry service. He was honorably discharged from the service on August 26, 1865. Soon afterwards he commenced the study of medicine with his uncle, the late Dr. J. K. Lee, of Philadelphia, and took the regular course of lectures at the Hahnemann Medical College of Philadelphia, from

which he graduated in 1869. On April 1, 1869, he located at Johnstown, where he at once entered upon a successful professional career.

Dr Lee was not only one of the leading physicians of Johnstown, but he was also one of its most popular and influential and public spirited citizens. He was prominent in all movements and enterprises having for their object the improvement of the town and the welfare of its people. For many years before his death he had been an active member of the town council. He was also a member of the Masonic order, and had filled all the chairs of the local lodge. The remark has frequently been made since his death by surviving citizens of Johnstown that at the time of the flood the town had no more popular citizen than Dr. Lee, and that among all the lost none will be more missed. He was active, intelligent, genial, liberal, and unselfish. The people knew and appreciated his sterling qualities.

Dr. Lee was married on November 21, 1871, to Miss Emily M. Swank, of Johnstown, who survives him. He leaves no children.

Dr. Lee was lost in his own house, which was swept away. On Sunday, July 7th, five weeks and two days after the flood struck his house and suddenly ended his useful life, his body was found in the middle of Stony Creek river, between the first and fifth wards of Johnstown, and on the following day, Monday, July 8th, it was buried with Masonic ceremonies in the beautiful Grand View Cemetery, at Johnstown, in the establishment of which he had taken a prominent part, being one of the charter members of the Cemetery company. His grave overlooks the valley of desolation in which he lost his life. Peace to the ashes of the kind-hearted doctor! His memory will long be green in the hearts of the people to whom he was so devotedly attached.

NEW PUBLICATIONS.

WOOD'S MEDICAL AND SURGICAL MONOGRAPHS. May, 1889. Volume II., number II. New York: Wm. Wood & Co. 1889.

This is the fifth number of Wood's Monographs, contains two valuable essays, both surgical in character. The first of these is by Sir Henry Thompson "On the Preventative Treatment of Calculous Disease and the Use of Solvent Remedies." Perhaps the most remarkable portion of this essay is the chapter devoted to the dietetic treatment of calculous disease; patients excreting uric acid in excess. The principles laid down by Sir Henry Thompson in this chapter are so different from the practice so common to the progression. Their soundness, however, is not to be gainsaid.

The second essay, "Sprains; Their Consequences and Treatment," by G. W. Mansell Mouillon, M.A., M.D., is a well written one on a very important subject.

ON NEURALGIA: ITS CAUSES AND ITS TREATMENT. By J. Compton Burnett, M.D. London: The Homœopathic Publishing Company. 1889.

While Dr. Burnett, in this small treatise on the treatment of neuralgia, depends largely upon his own experience, on which he bases the teachings he therein gives, he has not hesitated to draw, also, from the experience of others. Thus we find a short chapter or section on the neuralgia of thuja, from the pen of Dr. R. T. Cooper, and a number of verifications from the practice of others. Dr. Burnett's style is a pleasing one; his manner of cases being such as to carry conviction to the mind of his reader.

We must confess ourselves not pleased, however, with the style he employs when dealing with those with whom he differs in opinion. Such a style does no good; it does not convert any one, but, on the contrary, can only awaken opposition in those who would be friendly, or could be made such. Moreover, it wastes the time of the practical reader, who purchases books and reads them that he may be the better able to cope with disease. Despite this defect, Dr. Burnett's book is a strong one, much though it has been weakened thereby.

THE PRINCIPAL USES OF THE SIXTEEN MOST IMPORTANT HOMŒOPATHIC MEDICINES. London: E. Gould & Son. 1889.

This little work is not gotten up after the plan in common use among authors of domestic works on homœopathy. The plan followed is essentially that adopted in the *materia medica* written for professional use. It aims to teach the laity to apply remedies to the symptoms in a given case, and not to treat certain definite diseases. With this end in view the characteristic symptoms of sixteen of our mostly commonly used drugs are given, together with a repertory of the same. As it may interest our readers to know what are the most commonly used remedies, we give the list as given in our author's book. They are: Aconite, arnica, arsenicum, belladonna, bryonia, calcarea, chamomilla, china, ipecacuanha, mercurius, nuxvomica, phosphorus, pulsatilla, rhus, sulphur, and veratrum.

THE PHYSICIAN HIMSELF AND THINGS WHICH CONCERN HIS SUCCESS. By D. W. Cathell, M.D. Ninth Edition. Philadelphia and London: F. A. Davis. 1889.

It is a well-known fact that medical men of great learning and skill have failed to achieve financial success in the practice of their profession. Many young men at the threshold of the profession have had their success delayed by failing to grasp the offered opportunity. To such the reading of Dr. Cathell's book will be very profitable. In some instances his directions or advice are of a very worldly order and partake of chicanery; advice of this kind is the exception, however, for most of the instruction given by him can only make the man who follows it a better man, a better doctor, and a better citizen; a comfort to his patients and a necessity to the community in which he practices.

THE URINE, THE COMMON POISONS, AND THE MILK; Memoranda, Chemical and Microscopical for Laboratory Use. By J. W. Holland, M.D. Third Edition. Philadelphia: P. Blakiston, Son & Co. 1889.

A LABORATORY GUIDE IN URINALYSIS AND TOXICOLOGY. By R. A. Witthaus, A.M., M.D. Second Edition. New York: Wm. Wood & Co. 1889.

By a strange coincidence these two little volumes, covering so nearly the same field, have been brought out at the same time. Both are good; both are new editions, and not new works; and both have in previous editions been largely used as laboratory text-books in all our colleges in which laboratory teaching is a feature, for which purpose both are admirably suited. Alternate leaves are left blank for calculations and more extensive notes to be made by the student.

A SYSTEM OF OBSTETRICS BY AMERICAN AUTHORS. Edited by Barton Cooke Hirst, M.D., Volume II. Philadelphia: Lee Brothers & Co. 1889.

With the volume before us we have the completion of a most magnificent work, "The American Encyclopædia of Gynecology and Obstetrics." Like its prede-

cessors, all the subjects treated are considered with a thoroughness born of the masterly knowledge possessed by the several authors.

Volume II. treats exclusively of the abnormal in obstetric practice. Beginning with the consideration of the "Diseases and Accidents of Labor," by Theophilus Parvin, of Philadelphia, the reader is treated with valuable disquisitions on the important obstetric operation, the use of the forceps, version, the induction of premature labor and Cæsarian section. The diseases complicating the lying-in period receive the great attention merited by their importance.

Two of the closing chapters call for special mention. They are: "The Management and the Diseases of the New-born Infant," by J. Lewis Smith, of New York; and "The Surgical Diseases of Infancy and Early Childhood," by Stephen Smith, of New York. The latter is a subject rarely included in treatises of the kind before us, but, nevertheless, it is one that can in no other place be considered more appropriately.

LECTURES ON BRIGHT'S DISEASE. By Robert Saundby, M.D., Edinburgh. New York: E. B. Treat. 1889.

The unusual activity in the publication of works on the various renal lesions, classed under the term Bright's Disease, does not render the last claimant for professional favor unnecessary. The vast strides made in our knowledge of this important and dread class of diseases have only been made through the presentation of the best thoughts of those who have been fitted by experience to treat of them.

Dr. Saundby's book is one written essentially from the clinicians' standpoint, and it thus appeals directly to the practitioner of medicine, rather than to the pathologist and the laboratory worker. The first section treats of the general pathology of Bright's Disease. Section second gives a consideration of the examination of the urine in health and disease. Section third considers in detail the various kidney lesions forming the pathological basis for the diagnosis, "Bright's Disease."

NOTES ON CONSUMPTION AND ITS TREATMENT, including Medicated Inhalations. By Stammers Morrison, M.D. Third edition, revised. London: E. Gould & Son, 59 Moorgate Street. 1889.

This little book is intended for popular use. As a rule such works are unnecessary when treating of such a serious disease as is phthisis. Occasions may arise, however, in which the phthisical patient may be so placed as to find a homeopathic practitioner inaccessible; under such circumstances Dr. Morrison's little book—which, by the way, well fills the gap which it was intended to fill—becomes very useful.

OBSTETRIC NURSING. By Theophilus Parvin, M.D. Philadelphia: P. Blakiston, Son & Co. 1889.

This little book, consisting of three lectures, delivered at the training school for nurses, of the Philadelphia Hospital, and an appendix, contains much by which physicians and mothers, as well as nurses, may profit. It is nicely indexed, and the different topics are treated briefly, in a way which does not leave the impression of incompleteness.

AN ELEMENTARY TREATISE ON HUMAN ANATOMY. By Joseph Leidy, M.D., LL.D. Second edition. Philadelphia: J. B. Lippincott & Co. 1889.

The first edition of this work was published many years ago, and at once met with a large sale. For the past twelve years it has not been for sale on the shelves of the book stores, and second-hand copies, like those of Bönninghausen's Therapeutic Pocket Book, commanded a price far above that of the new work when first published. It would seem almost a work of supererogation on our part to praise anything coming from Dr. Leidy's pen. He is known the world over as an accomplished scientist, and a successful teacher of anatomy. The work before us is just what it aims to be—a thorough elementary treatise on anatomy. The author deserves great credit for his attempts at simplifying anatomical nomenclature, although we think that in some few instances, when using the English instead of the Latin term, he makes a mistake.

GLEANINGS.

CONDUCTED BY

S. LILIENTHAL, M.D.,

E. M. GRAMM, M.D.,

W. W. VAN BAUN, M.D.,

E. W. MERCER, M.D.,

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AND THE EDITORS.

POISONING BY COFFEE.—In the absence of his wife, a man undertook to make his own coffee. Not knowing the correct proportions for use, he took eighty grammes of fresh roasted coffee for two cups. Two hours afterwards he complained of vertigo, headache and, at first, a trembling of his legs only, which soon became general, followed by redness of his face, præcordial anguish, palpitations, nausea and vomiting. Dr. Cohn saw the patient six hours after he had taken the coffee. He observed the intense general tremor, especially of the hands and lower jaw, the latter causing indistinctness of speech, the face highly colored, forehead covered with sweat, and præcordial anguish, but with normal heart sounds. The pulse was 100 and very full; there was frequent desire to urinate. Four grammes of bromide of potassium were given in two doses. When the patient retired he could not sleep because of his dreams. On the following morning he still felt tired, and there was some tremor of the hands, which continued for a day or two longer.—*Semaine Med.*, 45, 1889.

INHALATION OF MENTHOL IN ASTHMA.—Dr. Jones recommends a 20 per cent. solution of menthol in olive oil for inhalation in cases of asthma. In one case in which he tried it, all other medication had failed. Auscultation revealed hissing sounds everywhere. A few inhalations of the menthol cut short the attack. The only unpleasant after-effect was a slight heaviness in the head. In numerous other cases the doctor has witnessed the same good effects from the use of the drug.—*Therap. Monatshefte*.

THE RELATION OF THE THYMUS GLAND TO SUDDEN DEATH IN WATER.—Dr. A. Nordmann, of Basle, relates the case of a robust young man, an excellent swimmer, who died suddenly after taking a bath. When he went into the water he was perfectly cool. He swam about a few minutes, when, feeling chilly, he returned to land. He then turned pale, stretched himself, made a few deep inspirations, his eyes became fixed and he sank unconscious. All attempts to revive him were unavailing. Nothing pathological was found at the autopsy except a hyperplastic thymus gland. Recklinghausen has already reported three similar cases. A boy of thirteen fell into the water, but was immediately rescued. Life had already departed. At the autopsy no foam was found in the respiratory organs; everything was normal except a very large and thick thymus gland, and greatly developed lymphatic glands. His other two cases were similar to this one. The author asks the reason for the mechanism of this sudden death: Whether the gland caused death directly by compression of the respiratory organs, or indirectly by pressure on the vagus and the great bloodvessels. He also asks why this hypertrophy of the thymus gland did not show itself by symptoms during life. We may suppose in some cases a sudden swelling of the gland, as Friedleber has shown, by accumulation of a more copious secretion in the follicles during the assimilation of food.—*Wiener Med. Presse*, 19, 1889.

THE CURABILITY OF CIRRHOSIS OF THE LIVER.—In order to determine the prognosis of cirrhosis of the liver it is necessary to determine the quantity of urea excreted in the twenty-four hours. An increasing excretion is more favorable than a decreasing. The quantity of urea excreted depends upon the functional activity of the hepatic cells; the more hepatic cells that are still normally active, the greater will be the quantity of urea excreted in a thousand grammes of urine. As regards treatment, Semmola recommends an exclusive milk diet. He further believes that milk diet is only suitable to drop out of cirrhosis of the liver, and that

it is unsuitable in other dropsies. He orders one hundred grammes every three hours, as smaller doses at more frequent intervals may produce an undesirable diarrhoea.—*Med. Chir. Rundschau*, June, 1889.

PULSATILLA IN UTERINE DISEASES.—Bovet, in his experiments with pulsatilla, found that the tincture made from the dried plant is not as efficacious as an alcoholic extract made from the plant gathered in June, using equal parts of the plant and alcohol of a strength of 90 per cent. In treating dysmenorrhœa he gives, four days before the expected time of menstruation, four tablespoonfuls of a wine containing ten drops of the alcoholic extract to the tablespoonful. As soon as the menses appear the pulsatilla is omitted for three or four days; then he gives it again for four days. The dysmenorrhœa often disappears after one or two months. When painful menstruation and chlorosis are combined, manganum chloricum, 0.05, is added to each tablespoonful of wine and pulsatilla. In cases of ovaralgia, in consequence of chronic uterine infarct, or inflammation in the neighborhood of the same, the same medication suffices. Bad effects were never noted from this treatment. The dose of *anemonin* is 0.05 to 0.1 *pro die*, but Bovet has never used it, as he considers its effects less certain than those of the alcoholic extract of pulsatilla.—*Les Nouv. Remedes*, 9, 1889.

CARCINOMA MAMMÆ AND ITS RELATION TO THE AGE OF THE PATIENT.—Schinzinger, of Freiburg, has operated on ninety-six cases of cancer of the breast during the last ten years. Of these, twenty one were women who still menstruated, and eighteen had not yet reached the age of puberty. He found that the younger the patient suffering from carcinoma mammæ is, the more ominous the prognosis. Hence he considers it justifiable to castrate the woman in these cases, in order to produce premature old age, as then the mammary glands shrink and atrophy. Every suspected mammæ must be extirpated, and it is advisable to precede the extirpation by castration.—*Wien. Med. Presse*, 22, 1889.

DILATATION OF THE STOMACH AND ITS TREATMENT.—Klempere has treated, in Prof. Leyden's clinic at Berlin, seventeen cases of dilatation of the stomach in which no stricture of the pylorus existed. In eight of these the quantity of muriatic acid in the gastric juice was diminished; in seven it was increased, and in two normal. The relation between hyper-acidity of the gastric juice and dilatation of the stomach was studied in twenty cases of hyper-acidity. In twelve cases of hyper-acidity, with good motor power of the stomach, the patients gave the symptoms of nervous dyspepsia, and none of them had dilatation of the stomach. The nature of such cases is that of a secretory neurosis. Their cure is difficult. In the other cases hyper-acidity and a diminution of the motor power of the stomach was present; of these too copious food could be blamed for the trouble in three cases, while in four cases hyper-secretion was the cause of the acidity. One case was complicated with a diminution of the saccharifying action of the saliva. In several cases the motor weakness was the primary, so that the hyper-acidity was the consequence of the longer retention of the ingesta in the stomach. As a cause of this motor weakness of the stomach, may be considered a torpor of the vagus, as, in many cases, palpitation of the heart was present. Dilatation of the stomach is mostly the result of this motor weakness, and of the irritation produced by food; hyper-acidity rarely ever produces it. A perfect restitution to the perfectly normal condition can hardly be expected in these cases, but with suitable treatment the motor power of the stomach can be greatly improved. Klempere recommends washing out of the stomach (especially in the evening) with a little water, and careful regulation of the diet. As the dilated stomach absorbs very little, animal food must be prohibited, and substances given which absorb in the intestines. The daily food should consist of 100 grammes of fat (cream) and 100 grammes of grape sugar, bread and some alcohol. Electricity and massage have been tried with good results. Ewald considers a restitution possible only in fresh cases, while old cases, with degeneration of the mucular coat of the stomach, may be considered incurable.—*Wien. Med. Presse*, 22, 1889.

OXYURIS VERMICULARIS.—Lallemand, of Montpellier, recommends for the removal of oxyuris vermicularis the natural sulphur waters, as they are a certain poison to these worms. They may be given either internally or by injection per rectum.—*Therap. Monatshefte*.

SULPHONAL INJURIOUS IN CARDIAC AFFECTIONS.—A lady suffering from mitral insufficiency, suffered from a severe bronchial catarrh, the constant cough depriving her of sleep. Two grammes of sulphonal failed to give her the desired relief. When the dose was increased to four grammes she became restless and complained of strong palpitation of the heart, severe dyspnoea, with panting for fresh air, but no sleep followed until 0.015 was injected hypodermically. Prof. Kirsch remarks that sulphonal will always fail to remove insomnia in cardiac asthma.—*Therap. Monatshefte*.

EUCALYPTUS OIL IN PHTHISIS.—Dr. Phillips prescribes successfully 75 per cent. cod liver oil mixed with 0.5 to 3.0 of oil of eucalyptus. The taste of the cod liver oil is thus corrected, and patients who formerly had a disgust for it now take it willingly.—*Therap. Monatshefte*.

PERIOSTITIS ALBUMINOSA OF OLLIER.—Dr. Thos. R. Dupuis, of Kingston, Ontario, recently presented to the Ontario Medical Association, a case of this disease. The patient was a young man, aged 22 years, who had a peculiar swelling on the middle third of the anterior part of the tibia. His previous attendant had supposed the trouble to be an abscess, and with this idea had cut down upon the same; but instead of escape of pus, as he had expected, there came forth a quantity of a yellow albuminous fluid, almost as thick as the white of an egg. Poultices were applied for awhile without any benefit; after which a healing ointment was applied and the wound closed. The swelling, however, persisted. The history of the case showed that the trouble started from a blow of a base-ball on the tibia. Although the injury was quite a severe one, the patient took no precautions as regards rest. When the case came under the treatment of Dr. Dupuis, he at once cut down upon the bone. The tissue through which he cut was a fatty, yellowish mass, and an albuminous yellowish fluid escaped. He denuded the bone, from which the periosteum was almost wholly detached, and found it enlarged, white and exceedingly hard—eburnated in reality. The treatment then instituted was the application of Pacquelin's thermo-cantery; with the flat point heated to a bright red heat, he drew its sharp edge over the enlarged bone longitudinally, in five or six parallel lines, scarifying it thus from one to two millimetres deep. The object of this procedure was the production of absorption, which duly followed.

Periostitis albuminosa of Ollier is a very rare disease. Thus far but sixteen cases, including the above, have been recorded. No special treatment has thus far been recommended, so that each case must be treated somewhat empirically.—*Canada Lancet*, August, 1889.

MORPHIA, INJECTED SUBCUTANEOUSLY, FOUND IN THE STOMACH.—Hitzig and Alt, of Halle, instituted some experiments to determine whether or not, morphia, injected subcutaneously, found its way into the stomach, and reached the following conclusions: 1. After hypodermic injections of morphia, some of the drug may be detected in the stomach. 2. The excretion begins about two and a half minutes after the injection, and lasts about a half-hour, after which it becomes weaker, and ceases altogether in one hour. 3. The nausea begins as soon as the morphia enters the stomach, and can be prevented by washing out the stomach. 4. The quantity of morphia found in the stomach is considerable, often being as much as one-half the quantity injected. 5. The symptoms of intoxication are greatly reduced by repeated lavage; the danger of fatal issue is thus diminished.

The practical results of these experiments demonstrate that when the physician is called early enough in a case of suicidal attempt, where a large dose of morphia has been injected subcutaneously, continued lavage may save the patient. In its medico-legal relations it shows that it is advisable to look for the drug more in the stomach and not so much in the blood.—*Allg. Med. Centr. Zeitung*, 54, 1889.

SPONTANEOUS RUPTURE OF THE HEART.—As rather rare causes of spontaneous rupture of the heart, may be mentioned, echinococci, malignant ulcerative endocarditis, and purulent myocarditis. More frequently the accident results from disease of the coronary arteries, leading to ischaemic softening of circumscribed parts of the heart muscle. Diffused fatty metamorphosis rarely, if ever, causes it. It might result from syphilis through the production of gummata in the myocardium, or by specific diseases of the coronary arteries. The rupture is usually found at the apex of the left ventricle.

The symptoms indicating its existence are usually of sudden onset, soon followed

by death. In some cases the blood is hours forcing its way through the cardiac muscular fibres. In such instances death is preceded by intense præcordial anguish, pains in the left side of the thorax, sensation of fainting, etc. It may be remarked here that exactly the same symptoms are observed in sclerosis of the coronary arteries. Rupture always takes place during systole.—*Centralblatt für Med. Wiss.*, 25, 1889.

HÆMORRHAGES PRODUCED BY SALICYLIC ACID.—A man who was suffering from acute inflammatory rheumatism was treated with salicylic acid. Each dose of the drug was followed by rectal hæmorrhage, the blood discharged being of a bright red color. In another case a single dose of five grammes was followed by epistaxis, vomiting, and purging with collapse.—*Berlin. Klin. Wochenschrift*, 26, 1889.

THE RELATIVE GERMICIDAL VALUE OF THE SO-CALLED ANTISEPTICS—Dr. John E. Weeks has been making experiments to decide as to the relative germicidal value of the so-called antiseptics. The germs experimented with were the staphylococcus pyogenes aureus and the typhoid bacillus. The following were the results obtained:

Bichloride of Mercury.—1 : 500 destroys vitality in exposures of 10 seconds; 1 : 1000 in 45 seconds; 1 : 2000 in $1\frac{1}{2}$ minute; 1 : 4000 in $2\frac{1}{2}$ minutes; 1 : 5000 in 3 minutes; 1 : 10,000 in 5 minutes; 1 : 20,000 in from 12 to 15 minutes.

Biniiodide of Mercury.—Solubility in water, 1 to 40,000 (?). Saturated watery solutions destroy vitality in four days.

Nitrate of Silver.—In this salt we have an excellent antiseptic. 1 : 10 destroys vitality in exposures of 4 seconds; 1 : 50 in 8 seconds; 1 : 100 in 12 seconds; 1 : 500 in $1\frac{1}{2}$ minute; 1 : 1000 in 4 minutes. These experiments explain its efficacy in the treatment of eczema, purulent affections of the eye, otorrhœa, etc.

Permanganate of Potash.—1 : 50 destroys vitality in 20 seconds; 1 : 100 in 1 minute; 1 : 200 in 5 minutes; 1 : 500 in 20 minutes.

Creasote.—1 : 400 destroys vitality in exposures of 5 minutes; 1 : 800 in 10 minutes; 1 : 1000 in 30 to 40 minutes.

Creolin.—Pure, vitality destroyed in less than 10 seconds; 1 : 10 in 1 minute; 1 : 20 in 3 to 5 minutes; 1 : 40 in 10 minutes; 1 : 100 in 20 to 30 minutes.

Carbolic Acid.—1 : 20 destroys vitality in exposures of $\frac{1}{4}$ minute; 1 : 40 in $\frac{1}{2}$ to 1 minute; 1 : 60 in 4 minutes.

Sanitas.—Oil No. 1 destroying vitality in exposures of $1\frac{1}{2}$ to 2 seconds; oil, crude, in $1\frac{1}{2}$ minute; disinfecting fluid, 4 minutes; disinfecting fluid, 50 per cent., in 10 minutes.

Alcohol.—Absolute alcohol destroys vitality in exposures of 4 to 12 seconds; 90 per cent. in 20 to 30 seconds; 66 per cent. in 10 to 15 minutes.

Salicylic Acid.—1 : 700 destroys vitality in exposures of 1 minute; 1 : 1000 in 4 to 5 minutes.

Numerous germicides other than the above were tried. The results obtained places them in the following order, as regards their germicidal value: Bichloride of mercury, chloride of lime (fresh), chlorinated soda (fresh), chlorine water (saturated), nitrate of silver, salicylic acid, creasote from birch wood (Merck), alcohol (absolute), carbolic acid, "Sanitas" oil No. 1, "Sanitas" crude, potassium permanganate, bisulphate of mercury, "Sanitas" disinfecting fluid, creolin, trichlor, phenol (in ether), hydrogen dioxide, aseptol, listerine, oil of eucalyptus globulus, iodoform and ether, balsam of Peru, oil of thyme, chloride of iron, tincture of chloride of iron, liquor chloride of iron, iodide of silver, naphthalin in ether, oxynaphthoic acid, ichthyol, oil of cade, biniiodide of mercury, oxycyanide of mercury, yellow oxide of mercury, red oxide of mercury, resorcin, betenaphthol, potassium hydrate, thallin, terebene, iodoform.—*Medical Record*, August 3, 1889.

TASTELESS COD LIVER OIL.—To cover the taste and odor of cod liver oil, the following formula is given: Ol. jec aselli, 240.0; aqua des., 135.0; natrum carb., 0.6; ol. eucalypt., 0.75.—*Wien Med. Presse*, 26, 1889.

MENSTRUAL LARYNGEAL HÆMORRHAGES—A woman, aged 39 years, not suffering from tuberculosis, hæmophilia, or cardiac disease, observed for three years, after the cessation of her menses, slight hæmorrhages from the larynx, immediately following the cessation of each menstrual period. Of late the hæmorrhages had preceded the menses. During the intermenstrual periods the sputa were sometimes full of bloody streaks. Laryngoscopic examination showed sub-epithelial effusion,

especially on the lower vocal cords. Dr. Ruault believes that the trouble resulted from a reflex arterial congestion. Such cases of hæmorrhagic laryngitis have already been noted by other physicians, chiefly in pregnant women, and in women shortly after confinement.—*Allg. Med. Centr. Zeitung*, 42, 1889.

ASTHMA SEXUALE.—Spermatorrhœa, nocturnal pollutions and impotence in males, and uterine, ovarian and vaginal affections in women may, in addition to other nervous troubles, give rise to asthma. It has long been known that asthmatic attacks may follow immediately after coitus. By treating the primary trouble in these cases, the asthma disappears.

ASTHMA FROM NASAL AFFECTIONS.—Zipp, of Freiburg, has observed several cases in which asthma has been caused by swelling of the nasal mucous membrane, thus obstructing the free passage of air through the nasal cavities. Internal treatment of these cases gives but little relief. Dilatation of the nostrils with Hegar's bougies, of 3, 5 or 7 millimetres, allows free breathing, and by compressing the nerve endings of the parts, lessens the irritation. As it is a painless procedure, the examination of the nasal cavities ought never to be neglected in cases of asthma.—*Deutsche Med. Wochenschr.*, 26, 1889.

TRAUMATIC PHTHISIS PULMONALIS.—Prof. Jacquod has treated, at the Hospital de la Pitié, several cases of traumatism, followed by phthisis pulmonalis; that, too, though there was not visible wound of the thorax. Most of the cases were of contusions of the walls of the chest, followed by pneumonia, and ending in fatal tuberculosis, in which the bacilli were detected, either during life or at the autopsy. In Laennec's time one would have said that the pulmonary injury led to the phthisis. Now the idea of infection prevails. The bacillus requires a suitable soil before it can thrive. It cannot thrive in a sound lung. A contusion leading to hæmoptysis, or to pneumonia with incomplete resolution, causes the hypertrophy necessary for the development of the bacilli. Mendelssohn believes that these cases of traumatic phthisis arise from a sojourn in the hospital. Others might say that the trauma sets into activity already existing latent microbes. In relation to life insurance and exits for damages, the above question is of importance.—*Semaine Medicale*, 22, 1889.

HYSTERICAL SYMPTOMS PRODUCED BY THE ELECTRIC LIGHT.—Fere reports the case of a young woman who, after looking for some time at goods under a strong electric light, was seized with amblyopia, sensory troubles and paralytic sensations, which, after a few days, passed off.—*Semaine Medicale*, 22, 1889.

PARTIAL HEPARECTOMY.—In 1887, Loreta, of Bologna, resected a part of the liver successfully on account of echinococcus. This year Ruggi has extirpated two large echinococcus cysts in the liver of a woman. Clements reports a case in which, on account of a swelling connected with the colon, gall bladder and parenchyma of the liver, he resected part of the liver; stopped the bleeding with Pacquelin's cauterizer; used drainage from the lower corner of the abdominal wound; there was no fever; on the fifth day after the operation there was discharge of bile, but the fistula closed after one month. The growth, however, recurred and death resulted in the end.—*Wien. Med. Wochenschr.*

WATERPROOF PAD FOR OPERATIONS.—Dr. G. E. Shoemaker (*Obstet. Gazette*, May, 1889) suggests a simple way of improvising a waterproof drainage pad that can be utilized in any household. A sheet or thin coverlet is taken, folded twice, and made into a firm roll three or four feet long. This is arranged in the form of an O with a six-inch aperture at one side. It is fastened, by means of safety-pins, to the mattress, and a piece of rubber or oil-cloth thrown over it forms a basin which leads from the edge of the bed to a vessel on the floor.—*The Epitome*, June, 1889.

STERILIZED CATGUT AND SPONGES.—Dr. Benckiser Karlsruhe sterilizes catgut by the following simple method: He places the gut in a properly constructed vessel, or Rohrbeck's sterilizing oven, and for one and a half or two hours subjects it to a temperature of 130° to 140° C. It is then ready for the operation. The gut is rather harder than the other preparations, but only while it is dry. Becoming soft and pliable when it comes in contact with the tissues, or when put into carbolized water. To prove this method of preparation Benckiser infected some gut with cultures of

staphylococcus pyogenes aureus and *citreus*, then disinfected it by different methods. In thirty pieces prepared in juniper-oil he was able to get one culture of the cocci, while fifty pieces prepared with the dry heat proved to be absolutely sterilized. Sponges may be prepared in the same way. They are freed from sand if new; if they have been used, washed out and then allowed to dry in the air, as they are spoiled by the heat if wet, but, when absolutely dry and wrapped in gauze, are not affected by the exposure of from 130° to 140° C., for one and a half or two hours. They may be used directly afterward, or kept in sublimate or carbolic acid solutions until wanted.—*Centraltblatt für Gynäkologie*, August 3, 1889.

IDIOSYNCRASY FOR IPECAC.—Dr. Sangree writes: A rather singular instance of idiosyncrasy for ipecacuanha happened the other day in a patient, a woman of some thirty-two years. For indigestion, with eruptions of gas and bitter taste in the mouth, I gave her this mixture:

Sodii carbonatis,	. . . . .	gr., xlv.
Vini ipecacuanhæ,	. . . . .	m., xlv.
Ext. rhei fluidi,	. . . . .	f. ʒjss.
Aquæ menth. pip.,	. . . . .	ad. ʒiij.—M.

Sig.—Teaspoonful in hot water before meals.

In this preparation there was slightly less than two drops of the wine of ipecacuanha, yet she complained that shortly after taking each dose she felt her face flush, her head become hot and dizzy, and she grew so sick that she was forced to lie down for some time. The last dose she took before coming back had the further effect of partially blinding her, or rather of making her presbyopic; for in order to thread a needle, for instance, she had to hold it about two feet from her eyes. I have recently heard of another case in which a mixture of otherwise innocent drugs, containing in each dose two and one-half minims of syrup of ipecacuanha, produced violent nausea, vertigo and vomiting, and marked injection of the conjunctivæ, with bile.—*Times and Register*, August 10, 1889.

SALT IN MILK.—Dr. A. Jacobi, says that the addition of chloride of sodium prevents the solid coagulation of milk by either rennet or gastric juice. The cow's milk should never be given without table salt, and the latter ought to be added to women's milk when it behaves like cow's milk, in regard to solid curdling and its consequent indigestibility. Habitual constipation of children is influenced beneficially, since not only the food is made more digestible, but the alimentary secretions, both serous and glandular, are made more effective in its presence.—*Archives of Gynecology*, August, 1889.

CLAY CAKE IN MASTITIS.—Success has attended the use of sculptor's white clay in mastitis. The clay is converted into a paste by the addition of water, and is then spread upon a piece of soft gauze, large enough to cover the whole gland. An aperture is left for the nipple, a piece of gauze is placed over the affected breast and upon this the clay is firmly moulded. A change is made twice per day. Pain, tenderness and swelling of the breasts disappear under a clay cake in about twenty-four hours.—*Archives of Gynecology*, August, 1889.

DRAINAGE IN INJURIES AND DISEASES INVOLVING THE FLOOR OF THE CRANIUM.—Dr. O. H. Allis reports an unusual case of compound comminuted fracture about an inch above the right eye. The injury was due to a fall of thirty feet. After partially overcoming shock, the fragments were removed, the splintering of the internal table being greater than that of the external, and the opening enlarged with the Rongeur. The brain substance was considerably crushed, and a fissure extended downward into the horizontal plate of the frontal. The cribriform plate of the ethmoid was chiselled through from the nose and two drains introduced, the one from the seat of fracture and the other from the level of the cribriform out of the nose. Recovery was uneventful. The author proposes, as a legitimate procedure, trephining and exploration in penetrating wounds through the nares and orbit, injuries usually fatal. The skull is to be opened above the point of injury, which is to be explored from the inside with the finger. So, too, in brain complications of middle ear disease. An opening, an inch behind and an inch and a half above the external auditory meatus, would command the middle cerebral fossa. From this opening the petrous can be palpated and the mastoid drilled, or

a carious mass removed intelligently. The roof of the petrous can be broken through and a cerebral abscess drained. As against the charge of boldness, the author emphasizes the fact that, in these cases, the diagnosis is clear, and the prognosis invariably death.—*Annals of Surgery*, July, 1889.

NEW METHOD OF STAINING FOR GONOCOCCI.—J. Schütz, in the *München Medizinische Wochenschrift*, recommends the following method to color the gonococci alone: Take a concentrated solution of methylin blue in a 5 per cent. watery solution of carbolic acid. This is filtered, and the cover glass, on which the pus has been spread and dried in the air, immersed in it for five or ten minutes. It is then washed in water, and dipped for a moment in a solution of acetic acid (ten drops to the ounce of distilled water). It is once more washed, thoroughly dried between filter paper, and mounted in balsam. The gonococci alone are stained blue, everything else being colorless. A convenient double stain is to treat the above with a dilute watery solution of safranin. This colors the pus-cells and nuclei a light pink.—*Centralblatt für Bakteriologie und Parasitenkunde*, No. 6, 1889.

SACCHARIN.—A French writer regards saccharin as a valuable antiseptic. A strength of 1 to 500, as an addition to mucilaginous and other solutions, prevents the formation of low organisms. Thus, a valuable, inexpensive dentifrice may be prepared by simply dissolving saccharin in water, to the proportion of 6 per cent. A teaspoonful of this, in a half pint of water, forms an admirable antiseptic mouth wash. In cases of malignant, or other diseases of the stomach requiring the washing out of that organ, a solution of saccharin, of the strength of 2 per cent., will be found very suitable.—*Scientific American*, July 13, 1889.

THE SIGNIFICANCE OF THE CREPITANT RÂLE.—Dr. Frank W. Jackson (*Medical Record*, May 11, 1889), draws the following conclusions from a study of the above subject, as follows: 1. That the crepitant râle is not pathognomonic of pneumonia. 2. That it is heard also in dry pleurisy, in phthisis, and in broncho-pneumonia. 3. That there is a strong probability that the râle is always due to pleuritic inflammation. 4. That the question as to its being heard in oedema of the lung and pulmonary apoplexy is yet unsettled.

THE MORTALITY OF ACUTE LOBAR PNEUMONIA.—At the American Climatological Association meeting at Boston, Drs. C. W. Townsend and A. Coolidge, Jr., Boston, presented a paper on "The Mortality of Acute Lobar Pneumonia;" a study of all the cases treated at the Massachusetts General Hospital from the first case in 1822 to the present time, with the following summary:

1. In the one thousand cases of acute lobar pneumonia treated at the Massachusetts General Hospital from 1822 to 1829 there was a mortality of 25 per cent.

2. The mortality has gradually increased from 10 per cent. in the first decade to 28 per cent. in the present.

3. This increase is deceptive from the following reasons, all of which are shown to be causes of a large mortality:

(a.) The average age of the patients has been increasing from the first to the last decade. (b.) The relative number of complicated and delicate cases has increased. (c.) The relative number of intemperate cases has increased. (d.) The relative number of foreigners has increased.

4. These causes are sufficient to explain the entire rise in the mortality.

5. Treatment, which was heroic before 1850, transitional between 1850 and 1860, and expectant and sustaining since 1860, has not, therefore, influenced the mortality rate.

6. Treatment has not influenced the duration of the disease or of its convalescence.—*The Times and Register*, July 6, 1889.

THE THERAPEUTIC VALUE OF OXYGEN INHALATION.—Dr. W. Gilman Thompson (*The Medical Record*, July 6, 1889), in a valuable series of experiments with animals under high pressure of oxygen, compressed air, etc., found that: 1. When the breathing is normal, oxygen and atmospheric air do not differ materially in effect up to about 2 atmospheres of pressure. 2. Both oxygen and air under pressure between $\frac{1}{2}$ and 2 atmospheres relieve the dyspnoea produced by inhaling vitiated air, and oxygen has a distinctly greater effect in this regard than air. 3. The effect seems to be exerted through the respiratory centre, diminishing the rate of breathing, and improving the rhythm of the respiration. 4. Above 2 or 3 atmos-

pheres a much greater pressure of air can be borne than of oxygen without inducing convulsions.

Dr. Thompson considers that pure oxygen under *slightly* increased pressure is beneficial, because it mixes readily enough with the CO₂ present in the lungs, and a *very little* more of it may be absorbed by the plasma. But under greatly increased pressure, diffusion becomes too slow and difficult, and convulsions ensue. His experiments demonstrated that oxygen under moderately increased tension does aid certain types of dyspnoea. Considering the therapeutic value of oxygen inhalation, he sums up as follows: Oxygen is of value: 1. In neurotic dyspnoea, for the relief of the distressing subjective symptoms. 2. When there is diminished surface for aëration of the blood, oxygen improves the cyanosis, lowers the rate of breathing, and relieves the subjective dyspnoea. 3. Oxygen is of value when there is diminished inflation of the lungs from many causes. 4. It is especially beneficial in the dyspnoea of chronic Bright's disease and uræmia, pneumonia, capillary bronchitis, asthma, and catarrhal bronchitis, and sometimes in pulmonary congestion, and the early stage of oedema. 5. Great care should be taken to secure chemically pure oxygen. Finally, oxygen may be given freely and abundantly in cases of emergency, without fear of any injurious consequences.

THE TREATMENT OF PNEUMONIA WITH INHALATIONS OF CHLOROFORM.—Clemens (*Therap. Monatsh.*, 1889, 177) calls attention to the cases of pneumonia which he reported forty years ago, forty-two in number and all of severe type, which were treated by inhalations of chloroform. Only two cases died, one of them a heavy drinker, and the other a very cachectic individual. In the years which have intervened between then and now he has treated all his cases of pneumonia in the same way, and without a single death. This favorable result he believes is due to the fact that he saw the cases early in the disease, and that he carried out the treatment energetically and persistently from the beginning. In every instance the chloroform was mixed with spiritus vini rectificatus, both to prevent its decomposition and to avoid narcotizing the patient. Even in very severe double pneumonia a favorable result was obtained by the continuous inhalation of the spirits of chloroform. The inhalations produce a complete change of the blood, and by defibrinating it, interfere with the local process. It is on this account that cases treated in this way seldom develop hepatization, run a short course, and often exhibit a remarkably rapid disappearance of the entire process in the lungs. The duration and number of the inhalations depend on the extent and intensity of the pneumonia, being longer and more frequent, though containing more alcohol in the severer cases. It is important to have chemically pure chloroform. A firmly twisted piece of cotton should be saturated with the mixture of chloroform and alcohol, enveloped in loose dry cotton and held at about the thickness of the hand from the mouth and nose. In order that the patient may always inhale air with the vapor of the mixture.—*Amer. Jour. Med. Sci.*, July, 1889.

NEUROPATHIC PAPILLOMA.—A two-year-old boy came under observation with warty excrescences of the following description on the right side of the face: From the right ear as the centre, warty growths radiated towards the right frontal eminence, the right eye, the nose, the chin, and the neck. They were bifurcated at their apices and some of them were pigmented. Nowhere did they extend beyond the middle line. Similar new formations were found upon the mucous membrane of the right side of the mouth. Where they had developed upon the scalp no hairs were to be seen.

Marked paresis of the left facial nerve was present; and, in addition, paralysis of the left upper and lower extremities. The warts were congenital; the paralyseis appeared during the fifth week after birth, subsequent to epileptic seizures. When the child was five months old, the spasmodic attacks became limited to the left side alone.

The internal administration of bromine, and the galvanic current, locally, brought about some improvement.

A right-sided congenital defect in the brain was undoubtedly the originating cause of the malady.—R. Pott in *Jahrb. für Kinderheilkunde*, 1888, No. 3 and 4. *Archiv. für Dermatol. und Syphilis*, 1889, Heft 2.

NASAL CALCULUS.—Dr. Maurer exhibited a nasal calculus at the meeting of the Medical Society of Erlangen. It had been removed from the posterior portion of the right nasal cavity of an elderly woman who had complained of dyspnoea and

immobility of the nose. As she had no heart lesion and she said she had been operated upon some years previously for nasal polypus, it was not clear in the beginning what was the cause of the difficulty. Upon passing a steel sound into the nasal cavities the left one was found to be unobstructed, the right one occluded at its back part by a very hard, rough object. The foreign body was grasped in its small diameter by a forceps and extracted with considerable difficulty, its removal occasioning considerable hemorrhage.

In shape it resembled a canoe, the concavity being upward. Measurements: From front to back, 17-18 mm.; from top to bottom, 14-15 mm.; above at front, from right to left, 11 mm.; above at the back, from right to left, 8 mm.; below at front, from right to left, 7 mm.; below at the back, from right to left, 4 mm. Weight, 2.25 grammes. Its surface was rough, of a dark color, and incrustated, showing a sparkling surface when cut. On being sawed open in its long diameter it was found to consist of an homogeneous, grayish, stony hard shell about 4 mm. in thickness, enclosing an oval, very regular, cavity 7 x 5 mm. in diameter, in which was a small, light-yellow fruit-stone (probably that of a cherry).

With the extraction of the calculus all dyspnoea disappeared. It is probable that the cherry-stone found lodgment in the nasal cavity many years prior to its discovery, maybe even in childhood.—*Allgem. Homœop. Zeitung*, 1889, No. 24.

A NEW ANTIDOTE FOR MORPHIA.—Prof. Bokai believes that he has discovered in picrotoxin a new antidote for morphia. Morphia and picrotoxin act in opposite ways upon the respiration-centre, the former paralyzing it, the latter exciting it. A diminution in the blood-pressure is brought about by the administration of morphia; while picrotoxin has the property of stimulating the vaso-constrictor centre, the medulla oblongata. Finally, both substances also act in an opposite manner upon the hemispheres of the brain. He also believes that picrotoxin will prove to be able to prevent chloroform asphyxia.—*Wien. Med. Wochenschr.*, 1889. *Allgem. Homœop. Zeitung*, 1889, No. 26.

THE IMMUNITY OF LIME-BURNERS AGAINST CONSUMPTION.—Herr Halter has observed that the workmen in the Lengerich Kilns, where the ground is very dry, the temperature ranging from 105° to 158° F., and the air always freely charged with lime-dust, were proof against phthisis. He considers the high temperature of more importance than the dryness or the inhalation of lime-dust in bringing about this immunity. For the prevention and cure of pulmonary consumption, he recommends the use of the Irish-Roman bath once or twice a day, for from fifteen to thirty minutes at a time, also, several times daily, inhalations of dry air heated to between 248° and 374° F. Feverish patients and those with hæmoptysis, however, should avoid the hot-air baths. The treatment is supposed to act by checking the growth of the bacilli.—*Centralblatt für Klinische Medicin*.

CONTRA-INDICATIONS TO SUSPENSION IN THE TREATMENT OF LOCOMOTOR ATAXIA.—Dr. Paul Blocq gives the contra-indications to the treatment of locomotor ataxia by suspension as follows: They are three-fold: 1. By particular modalities in the general health. 2. By some affections of the cardio-pulmonary and nervous systems. 3. By certain local lesions.

1. Organic debility, whether arising from the nervous affection, or depending upon a concomitant trouble. Thus anemia may be a cause of general debility, when the trouble in the circulation becomes serious. Edema and obesity render suspension painful, and, at least, necessitate precaution in its practice.

2. During suspension respiration often becomes frequent, when, at the same time, the fulness of all inspiratory and expiratory movements diminishes; hence chronic affections of the respiratory organs, as emphysema or pulmonary phthisis, especially when accompanied by paroxysms of oppression, contra-indicate suspension. Cardio-vascular disorders are also contra-indications of suspension. In pronounced atheroma of the arteries, one may fear the rupture of the axillary bloodvessels from the direct pressure of the straps which support the shoulders. Suspension also accelerates the pulse and increases the blood-pressure; hence tendency to cerebral congestion and apoplexy should lead to great caution in its employment. All affections of the heart and great bloodvessels contraindicate suspension, as in these affections fits of dyspnoea, somnolence, and faintness, are of frequent occurrence.

3. Contra-indications in relation to diseases of the nervous system still need elucidation. Where neuropathies are accompanied by spasmodic symptoms, paraplegia

with exaggeration of the reflexes, *sclerose en plaques*, etc., aggravation may be caused by suspension. Frequent vertigo should lead to precaution, though, in some cases, this symptom has disappeared under its use. Gilles de la Tourette witnessed a transitory radial paralysis follow its use. Spontaneous fractures are not of rare occurrence in tabetic patients. Whenever such a tendency prevails, it should be a contra-indication to the use of suspension. Before applying the suspension, the teeth should be examined, for if they are in a bad condition, they may interfere with the application of the chin-strap.—*Bulletin Medical*, 46, 1889.

ANGINA PECTORIS.—There is a true angina pectoris which is nearly always fatal; there is another variety, presenting symptoms apparently of far more dangerous character, in which the patient nearly always recovers, with or without medication. The latter form is most frequently observed in hysterical, neurasthenic, dyspeptic, or gouty persons. It can only be looked upon as a symptom indicative of the general state of health, like palpitation, fainting spells, convulsions, etc., and differs *in toto* from true angina pectoris, based upon an organic disease, and most frequent at an age when arterio-sclerosis prevails. 1. False angina pectoris may be observed, even in childhood. 2. True angina pectoris is most frequently observed in males; the false, the hysterical variety, in women; though observed also in males. 3. True angina pectoris is provoked by an act of effort; false angina pectoris occurs spontaneously. The attacks of the latter may be periodical, returning at the same hour each night; there may be also as many as forty or fifty attacks in the same day. 4. Pseudo-angina pectoris is always allied to other neurotic symptoms, as anæsthesia of the epiglottis, hemianæsthesia and ovarian hyperæsthesia; the fits are accompanied, preceded or followed by neuropathic symptoms. 5. The vaso-motor species of angina pectoris is of frequent occurrence in hysteria. 6. In true angina pectoris there is ischæmia of the myocardium; one must combat the arterial lesion, the pain being of secondary importance. In pseudo-angina pectoris, the pain in the cardiac plexus must be diminished. 7. True angina pectoris may result fatally, though the attack be painless. (For the symptom "Sensation of distension of the heart, which feels too big," *lilium* is suggested.—S. L.)—*Progres Medical*, 24, 1889.

VERIFICATIONS OF THE PROVINGS OF HYOSCYAMUS.—Dr. Marcel Bandoûin has collected the experiments with hyoscine on animals and the cases in which that drug has been prescribed in disease. Hyoscine acts similarly to atropine on the pupil, the mydriasis produced by it being quicker in its appearance and more lasting than that of atropine. It suppresses the moderating action of the pneumogastric nerves on the heart. In animals the bloodvessels are dilated, and the pulse accelerated by it. At first it produces a hyper-excitability, which, under the use of large doses, changes to a paretic state. In its action on the nervous system, small doses cause agitation, restlessness, irritability, mischievous acts, and sensorial perversions. Larger doses quickly produce sleep, followed by marked debility, inappetency, emaciation and diarrhœa. For man, from one-half to one milligramme daily is a sufficiently large dose. After the administration of such a dose hypodermically, there appears, within from ten to fifty minutes, the following symptoms: Hot head, dry throat, mydriasis, paralysis of accommodation, dizziness, sensation of drunkenness, uncertainty of gait, lolling speech, heaviness of the extremities, somnolence, trembling of tongue, muscular twitchings. Zacker speaks of grave dyspeptic symptoms, dyspnœa, præcordial anguish, and even of collapse, as symptoms of hyoscine. Most authors advise caution in its use when cardiac trouble exists. Sohrt and Edelfson use it in entralgia, epilepsy, neurasthenia with cerebral excitation, insomnia and spermatorrhœa. Erb gives it in paralysis agitans as a valuable temporary palliative; also in post-hemiplegic chorea and tetany. Fraentzel and Bruce consider it the best hypnotic in insanity. Even if it does not produce sleep, they say, it renders the patient more quiet. Most alienists prefer it in cases of primary dementia (paranoia), with excitation of a mischievous or destructive character. Conrad and Mieth would confine its use to chronic cases with few or no hallucinations; for, they say, when the latter prevail, it only tends to aggravate the case. It is of no benefit in general paralysis of the insane; while it is of decided benefit in alcoholic insanity. In melancholia it is decidedly contra-indicated; it even has no effect on the sleeplessness of this disease.—*Progres Medical*, 24, 1889.

ARTIFICIAL MENSTRUATION.—A woman, aged 48 years, married for the past twenty years, had never menstruated. For the relief of her trouble she had consulted many eminent physicians, and had visited many celebrated springs. When

she was 42 years of age, a leucorrhœa appeared; this was soon removed by the use of astringents. Pains in the left inguinal region and abdomen followed; these returned regularly every month, and were associated with convulsions and gastric symptoms which lasted several days. Dr. Mars, of Cracow, examined the woman carefully, and made the following diagnosis: Small uterus, amenorrhœa, oöphoritis sinistra, chronic abdominal catarrh, and hysteria. He ordered leeches applied to the vaginal portion of the cervix at each menstrual period, and gradually the menses became established, though scanty and pale. The woman, now in her fifty-second year, is in excellent health.—*Wien. Med. Wochenschr.*, 26, 1889.

TREATMENT OF THE CAUTERIZING ACTION OF BROMINE.—When inhalations of bromine have cauterized the mucous membranes, their effects can be quickly neutralized by the inhalation of carbol-vapors. In cases in which the skin has been cauterized by the bromine, the application of a one or two per cent. solution of carbolic acid will remove all pain very quickly.—*Wien. Med. Wochenschr.*, 26, 1889.

GUAIACOL IN TUBERCULOSIS.—Bourget, of Geneva, recommends the following formula for the use of guaiacol in tuberculosis: Guaiacol 2.0, in cod liver oil 200.0; a tablespoonful to be taken three times a day during the winter. In hot weather, guaiacol 7.50, tincture chin. 20.0, vin. malaccens, 1000.0, a tablespoonful to be taken after each meal. When the drug disagrees with the stomach, or is disliked by the patient, it may be given per rectum. The following formula should then be used: Guaiacol 2.0, ol. amygd. 20.0, gumm. arab. pulv. 10.0; fiat emulsio et adde aqua distill. 950.0. This constitutes sufficient for four injections. After cleaning out the rectum, the emulsion is injected high up into the bowel with a long rubber tube. Some patients prefer the injections to the internal use of the drug.—*Wien. Med. Presse*, 23, 1889.

DIFFERENTIATION OF TRUE AND FALSE ANGINA PECTORIS.—Prof. Huchard presents the following points of differentiation between these affections:

True Angina Pectoris.

(From sclerosis of the coronary arteries.)

Anatomical cause: Aortitis, sclerosis and stenosis of the coronary arteries.

Symptoms: Terrible anguish; no other symptoms.

These symptoms often occur in the absence of other cardiac trouble; attacks are of short duration.

The attacks are mostly provoked, rarely spontaneous.

Prognosis: Treatment must be kept up for a long time, in order to stop the attacks. Fatal result frequent.

Angina Spasmo-Tubægica.

(From spasm of the coronary arteries.)

Spasmodic state of the coronary arteries.

Terrible anguish with symptoms of poisoning from tobacco; vertigo, gastric and respiratory troubles.

The symptoms are often accompanied by troubles in the functions of the heart; slow beat; intermittence; arrhythmia; syncope; attacks of long duration.

The attacks come on spontaneously, rarely provoked.

Rapid disappearance of the paroxysms after cessation in full of the use of tobacco. Fatal result rare.—*Bulletin Medical*, 42, 1889.

PSYCHICAL AND HYGIENIC TREATMENT OF HYSTERIA AND NEURASTHENIA.—In asthenia the lower psychical functions are mostly affected, and psychical reflex irritability threatens many dangers, arousing cerebral and spinal sensations, hyper- and anæsthesia, and convulsive states in different organs. Just as these organic morbid states arise from mental processes, so also is the mind able to remove them by the suggestive method, and this can be done in a conscious or an unconscious manner. The tact of the physician here does a great deal, if he knows how to use his magnetic power over his patient.

1. Every asthenic patient needs a careful and thorough examination; doubts, denials, hints at imaginary troubles, will not arouse confidence; the physician must listen without showing any annoyance at the tedious recital. 2. If the patient is wilful, capricious, the physician must be open and decided in his expressions, and the patient must be made to understand that in strict obedience to the measures

proposed, lies her salvation. It is better not to explain too much to a patient, unless one is dealing with a very well-educated person. 3. Keep up hope in the patient and let your treatment be in accordance with the promises made or suggested. The action of such a suggestion may show itself immediately, or only after a certain time. An anorectic patient can be made to eat, when her physician shows her the necessity of taking food, especially suitable to the case. Many a paralyzed, hysterical patient, lying in bed for months, only needs a gradual development of her will-power, by suggesting to her the ability to rise, to walk, and to help herself. This unlimited power of the physician over his patient is only gained by obtaining the confidence which the one possesses in the other. Let the physician direct carefully his patient's actions during every one of the twenty-four hours, put those directions in writing, and see to it himself that his directions are carefully obeyed. This gives the patient a plan to follow, and prevents her from following her own whimsical notions. The individuality of the patient must be carefully studied according to age, position in life, idiosyncrasies, and inclinations. Such a waking hypnotism is of the utmost importance. Let us here remember that the usual hypnotism is a two-edged sword, and its application, to be beneficial, cannot be entrusted to every one.

Some therapeutic hints may not be out of place. A neurasthenic patient ought not to be allowed to starve, for his gastric catarrh is not a genuine one; nor should he be kept on an exclusively animal diet, nor should strict temperance principles be carried out. Many such patients instinctively crave wine, beer, brandy, coffee or tea. Anæmic or illy-nourished patients can bear stimulants better than can fat and plethoric people. 2. Systematic exercise, walking, riding, travelling, gymnastics, and mental exercise, strengthen the organism, and discipline mental activity. Exercise awakens self-confidence, and leads the patient's attention away from his continual ailing. Still nothing must be overdone; here again, the physician must rule. 3. Climatology. Here, again, strict individualization is necessary. 4. Isolation. The family generally submits to every whim of the patient. Cases may just happen, in which the mere threat of isolation, may arouse the patient's will-power from its lethargy. 5. Rest, which often means change, is necessary when brain fog is the consequence of an overworked brain; there is rarely a necessity for confinement in bed. 6. Weir Mitchell's treatment has been overdone, and can only be recommended in certain cases. 7. Time and patience are necessary. It is well that the patient should understand the importance of these two factors.—*Centrabl., für Nervenheilk*, 13, 1889.

MULTIPLE NEURITIS.—According to the etiology of the affections, Leyden differentiates four forms of multiple neuritis: 1. Infectious: Paralysis after typhoid fever, diphtheria, and other infectious diseases; primary infectious polioneuritis, beri-beri; after syphilis and tuberculosis. 2. Toxic form: from lead, arsenic, and alcohol. 3. Spontaneous multiple neuritis after overexertion and unusual colds. 4. Atrophic (dyscrasic form): after anæmia, chlorosis, marasmus, and diabetes.—*Centrabl., für Nervenheilk*, 13, 1889.

SUB OXYGENATED AIR IN THE TREATMENT OF PHTHISIS.—At the "Congress for the Study of Tuberculosis," which recently terminated its sittings in Paris, Dr. Valenzuela, of Madrid, read a paper on the curative effects in phthisis of sub-oxygenated air. The author advances the theory that in high altitudes the rarefied condition of the atmosphere necessitates greater functional activity in the respiratory apparatus, especially that portion formed by the thoracic parietes. As a given volume of the atmospheric air, in high altitudes, contains a considerably less weight of oxygen than air at the sea-level, to inhale the normal amount of oxygen, increased respiratory activity is necessary, and to this and not to the greater purity of the atmosphere, nor to its dryness, are the beneficial effects of mountain air due. He found that in Spain the deaths varied in proportion to the elevation; thus, in districts with an elevation less than 100 metres above sea-level the mortality equalled 20 per cent.; of those suffering from phthisis, at an elevation varying from 100 to 500 metres, the mortality was 10 to 12 per cent. In localities of over 1200 metres above sea-level phthisis is unknown. Acting on this theory, that sub-oxygenation was, by causing increased respiratory activity, the beneficial agent, Dr. Valenzuela constructed pneumatic chambers, in which, by the addition of carbonic acid gas, he could diminish the percentage of oxygen present, and so increase the respiratory effort above the normal. This condition he usually kept up for two hours at a time, and repeated the sub-oxygenated-air treatment two or three times

a day for some months, never less than two. He obtained the best results. Of 560 cases in the early stage all recovered; and of 1000 cases taken at hazard, 748 resulted favorably; difficulty of breathing disappeared; the thoracic measurement increased; the weight of the patient was greater; and the urine had less uric acid and more urea. Combining the vapor of iodine, iodoform, chlorine, sulphurous acid, eucalyptol, or any other medicated vapors, adds, in some cases, to the efficacy of the sub-oxygenated air.—*Medical Press*, July 10, 1889.

THE TREATMENT OF PHTHISIS BY INHALATIONS OF BINIODIDE OF MERCURY.—According to the *Pharmaceutische Post*, March, 1889, Drs. Miguel and Rueff recommend in phthisis the inhalation of the biniodide of mercury, basing their opinions on a long series of observations made at the bedside. The results are very satisfactory; often after its first administration the cough is reduced, and the expectoration, even in individuals with large cavities, becomes reduced in quantity and loses its offensive odor; night-sweats disappear and the body gains in weight. Their method of employment is to dissolve one part each of biniodide of mercury and iodide of potassium, in one thousand parts of distilled water. This solution is employed in the form of a spray, at first only once daily, and later, when the patients have become accustomed to it, twice daily. If it is found that the spray irritates, the solution may be reduced one-half in strength without the result being affected, since it is claimed that this preparation of mercury will destroy bacteria in concentration of one to forty thousand. One of the chief conditions of success is to prolong the use of the treatment, which may be carried out for a year or more without evil effect to the patient.

TREATMENT OF THE DIARRHŒA OF PHTHISIS.—The diarrhœa which occurs in phthisis, as the result of tuberculous ulceration of the small—and often of the large—intestine, is a condition which acts as a rapid drain on the patient, and is also one of the most intractable to treat. It is always to be stopped if possible. In many cases opium, with logwood extract, seems to be beneficial, but in others no drug seems to be of any avail. The utility of treatment probably depends on the fact that no drug, capable of being taken internally, acts for a sufficient length of time on the foci of chronic ulceration. There are many factors which aid in producing the diarrhœa. The presence of the ulcers tends to set up a condition of surrounding chronic congestion, and of irritable weakness in the musculature of the gut, and there is a watery exudation from the open sores. Some of the drugs, administered in tuberculous ulceration of the intestine, seem to act by affecting and regulating the muscles of peristalsis, and by diminishing the chronic congestion of the mucous membrane. Debove recommended silicate of magnesium, an insoluble powder, which seemed to be beneficial, by acting as a mechanical protective to the ulcers, and by diminishing (or absorbing) the watery secretion. Polyák administered it in a daily dose of 200 grammes (about 7 ounces), mixed with half a litre (under a pint) of milk. The dose may be increased to between 400 and 600 grammes. Beneficial results were experienced after two days, but on the fifth to the seventh day of treatment heavy pains were experienced in the abdomen. These were ascribed to the irritation caused by concretions of the insoluble powder; a conclusion which seems to contra-indicate the treatment. Polyák says, that it does not cause healing of the ulcers, and, in his hands, the treatment by lactic acid has proved more successful. Tuberculous ulceration of the larynx has been said to be cured by scraping the ulcer and applying lactic acid; and, though not always curative, there seems no doubt that the application of lactic acid is beneficial in laryngeal phthisis. For intestinal ulceration in phthisis, Polyák begins with a daily dose of lactic acid of about 20 minims, dissolved in 4 ounces of water; after two days the dose is increased to 40 and 50 minims daily. Under this treatment the diarrhœa and abdominal pain cease in three days, and in four or five days the motions begin to assume a normal appearance. The acid must be continued for a long time, but after the cessation of the diarrhœa the daily dose may be reduced to 10 or 20 minims. At first there is no effect on the appetite. The tuberculous ulcers may be cured by this treatment, but no pathological evidence is adduced to corroborate this statement.—*British Medical Journal*.

HOT-AIR INHALATIONS IN THE TREATMENT OF PHTHISIS.—Weigert, Renosi, Kohlschütter and Sears are still actively investigating this subject. Kohlschütter advises the inhalation of extremely hot air; the thermometer on his apparatus registering as high as 482° to 572° F. during the application of the treatment. Of

course the air actually inspired was much lower than this; still the temperature must have been very high, as the expired air was 110° F. His experiments extend over a period of seven weeks, during which time numerous patients were subjected to the treatment. The principal results obtained by him were: First, marked increase in the expansion of the chest, in one case the increase being three inches. Second, where a pleuritic exudation had existed this disappeared, likewise rales and other symptoms of abnormal breathing. Third, the depth of the respiration was also materially increased. Fourth, microscopical examinations showed a decided decrease in the number of bacilli in the sputum. Most notable, also, was a change in the bacilli themselves; whereas, prior to the treatment, the bacilli were found equally distributed all through the sputum in the typical "row of beads," as well as the flat form, they were, after the treatment, found only in clusters of three and four, and the flat form were no longer to be found. He also observed a slight rise of temperature similar to that noted by Renosi, and a deeper and slower respiration. Shortness of breath entirely disappeared in all cases. At first expectoration was considerably increased, but, after a continuance of the treatment, it became greatly lessened. The appetite was invariably improved and the patient's weight increased.

Dr. Sears reports four cases treated with hot-air inhalations, the temperature employed being about 392° to 428° . His experiences are far from confirming those of Weigert, Renosi, or Kohlschütter. In one of his cases temporary improvement was quite marked, but, at the time the treatment was discontinued, there had been a further advance of the disease, and for the first time in her illness hæmoptysis occurred. In one case the inhalations were omitted after one week, owing to salivation and soreness of mouth, with a loss to the patient of three pounds in weight. In another case there was also fairly steady improvement in the general condition of the patient, but without corresponding improvement in the physical signs. She had, however, already begun to improve before the inhalations were resorted to. Five days after they were discontinued death resulted from hæmorrhage. In the fourth case the condition of the patient remained unchanged, except that during the treatment blood was found in the sputum for the first time. Careful and frequent microscopical examinations of the sputa, in every case, showed no decrease in the number of bacilli.

From these investigations the following inferences may be drawn:

1. Inhalations of air at a very high temperature (from 350° to 360° F.) are capable of producing, in many instances, a marked improvement in the general condition of phthisical subjects. The permanency of these improvements are, however, extremely doubtful.

2. The influence of hot air inhalations upon the growth of the tubercle bacilli is uncertain. It is probable that the bronchial secretions are sterilized by the inhalations, but their influence upon the bacilli deeply imbedded in the pulmonary tissue is most doubtful, as the inspired air, by the time it has penetrated into the deep lung tissues, becomes so cooled that any germicidal property is highly improbable.

3. Symptoms of hæmoptysis having been observed to follow the use of the inhalations, indicate that great caution should be used in the application of the treatment.

4. The treatment, at best, should be considered palliative or prophylactic rather than curative.—*The Medical News*.

CHEST MEASUREMENTS IN PHTHISIS—Dr. Mashkovski (*Vratch.*) measured the chests of 275 consumptives and the same number of healthy persons (212 males and 63 females in both cases), with a view of ascertaining whether it has any bearing on the etiology of phthisis. The results of his observations are: The circumference in consumptives is 0.03 cm. less; the upper anterior-posterior diameter is the same; the middle anterior-posterior is even larger (0.16 cm.); the thoracic co-efficient (the relation between the lower transverse diameter and that of the anterior-posterior) is 1 cm. less in phthisis; while on an average the difference in measurement between healthy and consumptive persons is insignificant. The difference between consumptives of the first stage (well preserved) and those of the second stage (disease highly developed) is very considerable. In conclusion, the Doctor considers that there is no indication of the existence of a typical chest peculiar to consumptives, and, therefore, an abnormal chest cannot be regarded as predisposing to phthisis, and the diminution of some of the diameters in consumptives is a consequential condition following the development of disease.

MONTHLY RETROSPECT

OF HOMŒOPATHIC MATERIA MEDICA AND THERAPEUTICS.

CONDUCTED BY

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PROVINGS.

TUSILAGO PETASITES.—Dr. E. W. Berridge obtained the following symptoms, while proving petasites: Slight, dull, throbbing pain in abdomen for a few minutes; stinging, burning sensation on the anterior part of dorsum of tongue, as from pepper, lasting two hours, then decreasing; reappeared slightly at intervals; flat disagreeable taste on tongue on rising in the morning; slow, throbbing pains in abdomen, below umbilicus, for a minute; anterior part of dorsum of tongue feels sore, as if it had been scraped, the first part of the morning; soreness of tip of tongue on rising in morning; great sleepiness after long walking; in the evening felt tired, with disinclination to be spoken to; voices seemed unpleasantly loud, with slight feeling of faintness.—*Homœopathic Physician*, August.

CHROMIC ACID.—Chromic acid was applied three times to the gums of a robust man, æt. 48, without producing any unpleasant symptoms. The fourth time its application was very soon followed by marked disturbances. One hour after its use violent pain in the nape of the neck developed and shortly afterwards vertigo, which compelled him to support himself to prevent himself from falling. Then came nausea and vomiting of a green substance. His face was colorless, the extremities cool, the pulse thready but regular, and the pupils slightly contracted. The treatment consisted in the administration of milk, albumen, and champagne. The following day he felt as well as ever.—*Allgem. Homœop. Zeitung*, Bd. 118, No. 25.

COCAINE.—A dentist injected a solution containing 0.1125 grammes of cocaine in two doses into the gums of a 19-year-old, robust, somewhat chlorotic girl, who had fasted for two days and had lost sleep for two nights. Soon violent convulsions, interrupted at short intervals, set in. They were clonic spasms but did not affect the facial muscles and lasted five hours. After the spasms ceased she remained unconscious two hours. When she regained consciousness, she had intense photophobia, diminished sensibility of the skin, anæsthesia of the mucous membrane of the nose and mouth, complete loss of smell and taste, dryness and burning in the throat, thirst and violent retching. Cardialgia then set in, gradually becoming worse until it attained a great severity in the next few days. The urine was retained twenty-four hours. Sleeplessness lasting thirty hours; complete loss of appetite for four days. She had never before had spasms.—*Allgem. Homœop. Zeitung*, Bd. 119, No. 1.

COLOCYNTHIS.—A widow, æt. 44, who had previously been well, suddenly became sick on September 6, 1888, after having steeped more than twenty-five colocynth fruits in urine for the purpose of making a bed-bug poison. She said she had not taken the whole fruit in her hands, but had emptied them into a pot from the paper in which she had bought them, without noticing any dust or bitter taste. At noon she already complained of severe vertigo, "as though she had sat in coal-dust," aversion to food, but no vomiting. On the following morning violent diarrhœa, causing eleven stools in the day and lasting two days. At the same time she had some pain in the lower portion of the abdomen, headache, much thirst, loss of appetite, nausea, and thickly coated tongue. In the evening some chilliness. On the third day painful swelling of the neck and of the face, but no difficulty in swallowing. On examining the pharynx nothing pathological was to be seen. A

few days afterwards swelling and painfulness of the feet. The urine now contained albumen. (Edema of the feet has existed fourteen days. The patient says that she has become much thinner, and complains still (September 20th) of vertigo on motion, headache, loss of appetite, pressure in the stomach after eating, eructation, weakness, and moderate constipation. She is pretty well nourished, abdominal walls lax, no pain on pressure, no tumor or resistance in the region of the stomach. The other organs were normal; no albumen in the urine. There was a noteworthy absence of free hydrochloric acid in the contents of the stomach, which persisted some weeks after the other symptoms had disappeared.—*Allgem. Homœop. Zeitung*—Bd. 118, No. 25.

SACCHARUM.—Dr. E. W. Berridge, in the *Homœopathic Physician*, August, says: "In 1881 I met a gentleman who said he was always poisoned by sugar. At my request he wrote the following account: 'The first effect on me when I take sugar is to have the tongue furred, and a dry, bitter taste at root of tongue, followed either by sore throat or running at the nose, as if I had caught a severe cold. With these symptoms is extreme costiveness, lasting at times for two, three, and five days at a time. All these symptoms I can check at once by leaving off sugar. I have at times cured the cold in twenty minutes by drinking copiously of hot water, not less than three pints at a time, sometimes more.'"

THEA.—"A woman, aged about thirty-three, had been married twice. Always during her married life had the natural sexual desire and pleasure, till about eight years ago, when she began to eat large quantities of tea-leaves, sometimes dry, but generally boiled. She chiefly used the Japan tea. Since then face and skin have become sallow and greenish. She has the same sexual desire, but the orgasm occurs at the first touch of coitus, after which there is no pleasure; and if the act is long-continued, she feels a bearing down. The touch of another person's hand to her head will have the same effect. She never had these symptoms before she took the tea."—Dr. E. W. Berridge, *Homœopathic Physician*, August.

MATERIA MEDICA.

DROSERA.—A French homœopathist claims that *drosera* is a most valuable agent in the early stages of consumption. If given to patients inheriting the trouble, it will never appear; if given when the trouble is well under way, it will quickly cure the existing symptoms and prevent further progress.—*Northwestern Journal of Homœopathy*, August.

A NEW USE FOR HAMAMELIS.—From an article on "The Physiological Action and Therapeutic Uses of *Hamamelis Virginica*," by Dr. Alfred C. Pope, appearing in the August *New York Medical Times*, we quote: "Among the disordered conditions occasioned by *hamamelis* is one that has not, so far as I am aware, attracted much, if any, attention, and yet it is one that occurred so frequently in several provers, and persisted so thoroughly, that it ought to be turned to good account—I refer to the *sore throat* it produces. The recorded symptoms reflect an angina, often of a tedious character, met with in persons of a phlegmatic constitution. The fauces look livid rather than bright, there is some swelling of the mucous surface, which includes the tonsils; the soreness, moreover, is described as rawness, and extends deeply downwards, and is associated with some, though not much, difficulty in swallowing. To such cases, *hamamelis* is clearly adapted, and I doubt not it would prove promptly curative in them, though I cannot say that I have ever put this generalization to the test."

HYSTERIONICA BAYLAHUEN.—Dr. Baillé, in recording the clinical indications of *hysterionica baylahuen* notes the following: Chronic inflammation of the lungs; chronic bronchitis, profuse expectoration, saline, thick and yellowish discharge at first; later it becomes thinner; suffocative attacks; frequent at first, later totally disappeared. Its action on the digestive tract is very pronounced, especially in diarrhœic conditions; it appears to modify the mucous condition of the intestines and to act antiseptically on the liver.

It cured intense diarrhœa after the failure of bismuth and opium, but it is especially useful for uncontrollable diarrhœa of phthisis; the author has not seen a single failure in such cases. On the genito-urinary organs it acts chiefly in cystitis. The secretion is not much augmented following the administration of the remedy, but the offensive odor is lessened and urination becomes less frequent and painful.

Upon ulcers, particularly the varicose variety, it acts with promptness, in which case it is applied by means of cakes of wadding steeped in the tincture of hystrionica. Following the evaporation of the alcohol, the surface is covered with a resinous deposit, which forms a thin coating over the ulcer, protecting it from the air and favoring cicatrization.—*L'Art Medical*, May, 1889.

KALI PHOSPHORICUM IN SEXUAL COMPLAINTS.—"I have found this remedy very useful for the nervousness growing out of excessive sexual excitement, whether indulged or suppressed, and have cured cases of impotency from this cause, and nocturnal or other discharges of semen with these nervous indications. In many cases I have found itching in the sacrum, sleeplessness, pain in back of neck and head, general irritability, great despondency, frequent desire to urinate, large quantities of urine being voided during the day or night, and especially early in the morning, with a deposit of phosphates in the urine. The irritability in these cases has always been quickly relieved."—Dr. J. C. Nottingham, *Medical Advance*, July.

SOME NUX MOSCHATA CHARACTERISTICS.—Dr. T. J. Merryman, after relating the cure of several cases of diarrhoea and enteralgia, says also of *nux moschata*: "I have also used this remedy with satisfactory results in nausea during pregnancy and other derangements, when led to its selection by dryness in the throat and fullness of abdomen, but the symptom of drowsiness between pains is, in my opinion, the most marked and characteristic symptom of this remedy."—*Northwestern Journal of Homœopathy*, August.

SABADILLA CHARACTERISTICS.—Headache and vertigo, which are relieved while the eyes are steadily fixed upon an object and while the patient is thinking of one subject.

Gastric symptoms, worse in the morning (under *pulsatilla*, worse in the afternoon). Thirstlessness (as under *pulsatilla*), with the exception of a desire for milk.

The vertigo of *sabadilla* is characterized by a sensation as though all things were turning around each other.—*Allgem. Homœop. Zeitung*, Bd. 119, No. 1.

SYMPTOMS OF SULPHURIC ACID.—"Respiration rapid, with shooting in cervical muscles, and movement of the wings of the nose; respiration became very difficult; the larynx moved up and down violently." Dr. E. W. Berridge says Dr. David Wilson told him of the above symptoms. Dr. Wilson informed Dr. Berridge that in a fatal case of Cheyne-Stokes respiration, sulphuric acid 200 had removed the movement of the larynx and somewhat ameliorated the abnormal respiration.—*Homœopathic Physician*, August.

VERATRUM INDICATIONS.—Dr. Sentin read an interesting paper on veratrum album in Brussels.

All the symptoms of cholera are found under the remedy; it is one of our best remedies on that account.

It is indicated in all suddenly appearing disturbances of the digestive organs so soon as nausea, vomiting, cramps, marked coldness, and diarrhoea set in.

In certain forms of intermittent fever where quinine fails, it will cause reaction if the cold stage predominates. Many neuralgias, no matter what nerve is affected, yield rapidly to the drug, providing anxiety, icy coldness of the surface and an aggravation from motion are present; as well as a periodical return of the malady.

Veratrum has been used with success in brain diseases where there was a tendency to violent outbreaks, desire to strike those about him, in mania erotica, and in mania of grandeur, etc.

Its applicability to certain diseases of women must not be forgotten, particularly in dysmenorrhœa with pains in the kidneys and in the uterus before and during the menses.

It is also to be thought of in whooping-cough.—*Allgem. Homœop. Zeitung*, Bd. 118, No. 26.

THERAPEUTICS.

KALI PHOSPHORICUM IN NERVOUS SLEEPLESSNESS.—"Mrs. C. says when she has a severe pain in back of neck and head, and so nervous she could not allow any one to talk to her, could not lie still nor sleep, one powder of *kali phosphoricum* would relieve her in a few minutes, and she would sleep as if she had taken morphia, and would feel sleepy for the entire day and night following the dose." Dr. J. C. Nottingham, who prescribed the *kali phosphoricum*, believes the symptoms due to sexual excesses.—*Medical Advance*, July.

GELSEMIUM IN INJURY TO THE EYE.—A woman, æt. 62 years, received a blow on the right eye, which was not followed by any hæmorrhage. Three or four days afterwards she noticed that her vision was becoming indistinct, making reading difficult.

Some weeks later she accidentally noticed that vision was unequal in the two eyes, that of one of them being blurred, indistinct. Still later diplopia occurred when fixing the attention on far objects, the double images being one above the other. About the same time pain around the orbit developed.

She had been accustomed to read with improper glasses; and when reading she would place a lamp between her paper and her eyes and read several hours in that position.

The diplopia and cephalalgia, as well as constipation, had existed three months when Dr. Criquelion gave her gelsemium 6, with the result of curing her in eight days.—*Allgem. Homæop. Zeitung*, Bd. 119, No. 1.

NITRIC ACID IN INJURIES TO THE SPINE.—After a severe shock to the spine, a *profuse perspiration on the hands and feet often breaks out*. When this symptom is present nitric acid should be studied, as it will probably prove to be the *similimum*.—Dr. B. Simmons, *Homœopathic Physician*, August.

KREOSOTE IN CARIES OF THE TEMPORARY TEETH—In a paper on Homœopathic Therapeutics in *Surgical Diseases*, Dr. C. S. Sargent quotes approvingly Dr. Teste's recommendation of kreosote as a remedy in the treatment of caries of the teeth. He says: "Kreosote is, in children of all ages as well as in adults, the chief remedy for odontalgia when it is caused by caries of the teeth. When dentition is so badly performed as to become a disease, comprising general inanition and cachexia with degeneration of the teeth themselves, especially when the child is constipated, kreosote is the specific remedy."—*North American Journal of Homœopathy*, July.

NUPHAR LUTEA IN CHRONIC DIARRHŒA.—Dr. J. H. Lowrey, in the July *Southern Journal of Homœopathy*, reports a case of diarrhœa, that had persisted fourteen years, cured by *nuphar lutea* after the usual homœopathic remedies and allopathy had failed.

NUX MOSCHATA IN DIARRHŒA AND ENTERALGIA.—Dr. T. J. Merryman reports three cases of diarrhœa, associated with enteralgia, cured by *nux moschata* 200. Following are the symptoms of one of the cases: "Stupor and exhaustion, with frequent yellow stools. He complained of violent pains in the abdomen, coming in frequent paroxysms, and so severe as to be almost unbearable; but between the paroxysms he would be comparatively easy, decidedly drowsy, and, perhaps, would fall asleep for a few minutes, but awaken with another paroxysm of pain and desire for stool. There was also marked dryness of the throat."—*Northwestern Journal of Homœopathy*, August.

ARUM TRIPHYLLUM IN PNEUMONIA.—One dose of this remedy in the 100th potency, given by Dr. S. W. Cohen, cured a case of pneumonia. Symptoms: Picking at his lips and fingers continually; lips sore and raw; tongue felt sore; large ulcer-like abrasion on the edge of his tongue on the right side; everything he put in his mouth burned; nose stuffy.—*Homœopathic Physician*, August.

GELSEMIUM IN ENURESIS.—A girl of ten years had suffered from diurnal and nocturnal incontinence of urine for several years. During the night she would not be awakened by the passage of urine, which passed in considerable quantity and without pain. During ten months she had received, without effect, *nux vomica*, *belladonna*, *causticum*, *ferrum*, and *pulsatilla*. Finally, *gelsemium* 6 was administered by Dr. Criquelion. At the expiration of ten days urination did not occur so frequently, and three weeks later a complete cure had resulted.—*Allgem. Homæop. Zeitung*, Bd. 119, No. 1.

TELLURIUM IN ECZEMA.—Tellurium cured a case of eczema behind the ears with the formation of thick crusts. There was a scrofulous basis and coexisting conjunctivitis, and blepharitis and catarrh of the middle ear.—*Zeitschr. des Berliner Vereines Homæop. Aertze*, Bd. 8, Heft 5.

KALI BICHROMICUM IN SYPHILITIC NODES.—Dr. Percy Wilde, with *kali bichromicum* 2x, cured rapidly an old soldier suffering from syphilitic nodes on the scalp and neuralgia. The patient had taken, unsuccessfully from the army surgeons, mercury and iodide of potassium *ad libitum*.—*Monthly Homœopathic Review*, July.

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PUPILLARY SYMPTOMS IN NERVOUS DISEASES.*

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IN THE NEW YORK HOMŒOPATHIC MEDICAL COLLEGE.

To be classed with the reflexes as affording positive and often diagnostic information in disease of the nervous system, are pupillary changes. The pupil is merely the circular opening occupying, normally, the centre of the iris, and in speaking of the pupil, the iris itself is meant. The nervous supply of the iris is from the third nerve and from the sympathetic; the former going to the circular or contracting fibres (*sphincter pupillæ*), the latter to the radiating or dilator fibres.

The action of these results in either dilatation or contraction of the pupil, and the movements are either active or passive. When the pupil contracts under the influence of increased light, the sphincter undergoes active contraction; when the amount of light is lessened, the active contraction yields, and the pupil dilates under the passive (tonic) and now less opposed action of the dilator fibres. There is also an active dilator-action when the sympathetic supply to the iris is stimulated.

When light waves impinge on a normal retina, the mode of energy is probably transformed, and the impulses are carried backward to the optic thalamus, the anterior corpora quadrigemina and the occipital lobes.

Just beneath the corpora quadrigemina, below the floor of the aqueduct of Sylvius, is placed, on each side of the middle line, a third-nerve nucleus, which is made up of several aggregations of nerve-

* A lecture delivered during the session of 1888-89.

cells, the most anterior being really in the floor of the third ventricle. Partly by experiment and partly by pathological investigations, post-mortem, these subdivisions of the third-nerve nucleus are found to have a definite arrangement, and to be in relation with certain muscles, internal and external, of the eye.

There is, undoubtedly, a pathway for nervous impulse from the centre in each of the anterior corpora quadrigemina to the sub-nucleus of the third nerve, which governs the sphincter pupillæ of the same side, and when an increased amount of light falls upon the retina, the impulses, transformed into nervous energy, pass to the anterior corpus quadrigeminum of the same side, thence a new impulse is sent down to the sub-nucleus for the sphincter pupillæ, and a third impulse is sent, this time outward, *via* the fibres of the third nerve. This last impulse reaching the sphincter pupillæ determines its contraction, the amount of the contraction under normal conditions varying directly with the amount or intensity of the original light-impulse.

Thus, there is a real reflex-loop for the reaction of the pupil to light, and injury to any one of its three divisions, viz.: *a.* Retinal expansion optic nerve and optic tract, or anterior corpus quadrigeminum; *b.* Pathway thence to third-nerve nucleus; *c.* The sub-nucleus itself, or the fibres from it to the iris, will interfere with the production of the light-reflex. But there is one qualification to be made here. You know that the fibres from the inner (nasal) half of, say, the left retina, pass backward together with the remaining fibres from the same retina, as the optic nerve of that side, but at the chiasm the former cross and join the fibres from the right half of the right retina, thus forming the right optic tract. As it is the fibres of the right optic-tract that go to the centres of the right hemisphere, it is easy to understand that half of the light-impulses from the left eye reach the right anterior corpus quadrigeminum, and thence is sent the influence to the third-nerve sub-nucleus of the right side. Hence it is that the influence of light upon, say, the left retina, the right eye being protected from the light, causes pupillary contraction in the right eye. This action produced upon one pupil by light entering the other eye is called the consensual light-reaction in contradistinction to the direct light-reaction produced by light entering the eye.

Whether there is a special set of fibres from the retina to the corpus quadrigeminum for carrying the impulses that are to set up, reflexly, pupillary changes through the third-nerve nucleus is a ques-

tion that we need not here discuss, but there is much in favor of their existence.

Let us now take up in order the variations of the pupil in disease.

1. *A lesion of, say, the right optic nerve preventing the transmission of light-stimuli backward* will cause some dilatation of both pupils (both the anterior corpora quadrigemina receiving impulses now from the left retina only), no reaction to light direct in right eye nor consensual in left, reaction direct in left eye and consensual in right. The two pupils of equal size. Amaurosis of right eye. Reaction with accommodation and convergence is retained. Ophthalmoscopic evidences in fundus of right eye.

2. *A lesion in right optic-tract preventing the passage of impulses.*—Here the impulses from the right half of each retina are stopped, and there is a homonymous left hemianopsia, and what is of extreme importance, neither pupil will contract to light-impulses falling upon the right half of each retina. This is called the hemiopic pupillary inaction; it was first brought into diagnostic prominence by Wernicke, and later has been more fully established by Séguin. Its explanation is readily seen. Light-impulses striking the right half of each retina, in the supposed case, are stopped in the right optic-tract, do not reach the corpora quadrigemina, and hence cannot be reflected to the third-nerve nuclei from this side. If the light is not carefully managed it will illuminate the left half of the retina, and then pupillary action occurs, and if the subject is a blonde, the internal reflexion from the right half of the choroid may be sufficient to affect the other half of the retina. Reaction of pupils, direct and consensual, lessened. Normal in accommodation and convergence. Both pupils equal and in medium dilatation.

3. *A lesion of right anterior corpus quadrigeminum* will have a similar result. In both the latter cases there will be no loss of pupillary change during accommodation or convergence, nor optic neuritis, unless the lesion should be a large or specially irritating tumor.

4. *A lesion in the pathway between the right corpus quadrigeminum anticum and the third-nerve sub-nucleus for the right sphincter pupillæ.*—As Meynert's fibres are now incapable of transmitting impulses from the right anterior corpus quadrigeminum to third-nerve nuclei, it might be thought that there would be no reaction, direct, of the right pupil to light, but as half of the impulses from two retinæ go to the left anterior corpus quadrigeminum, and there is a pathway from the left third-nerve nucleus to the right, pupil-

lary reaction of each eye, both direct and consensual, is retained, but lessened. Both pupils are of the same size and in mid-dilatation. Reaction in accommodation and convergence normal. No visual disturbance.

5. *If Meynert's fibres of each side are affected by an interrupting lesion*, it is plain that the transformed light-stimuli reaching the anterior corpora quadrigemina cannot affect the nucleus of either third nerve. Hence, both pupils are reactionless to light, both direct and consensual. Both pupils are dilated beyond medium to the same degree as normal eyes in absolute darkness. Reaction in accommodation and convergence normal. No visual disturbance.

The influence of lesions limited to one of the anterior corpora quadrigemina is not well understood, experiments on lower animals giving different results upon the pupils. Nothnagel's case gives no importance diagnostically to the pupils.

Lesions in the centrifugal portion of the reflex arc:

1. *In sub-nucleus for right sphincter pupillæ*.—The right pupil does not react to light either direct or consensual. Its action in accommodation and convergence normal. The left pupil reacts both direct and consensual, but to less than the normal extent, as no stimulus to left sub-nucleus from the right third-nerve nucleus can exist in the supposed case. Both pupils react normally in accommodation and convergence. No visual disturbance. Pupils unequal, right dilated but not *ad maximum*. No paralysis of other eye muscles.

2. *Lesion in right third-nerve trunk*.—Pupillary conditions as above, but paralysis of eye muscles, inner and outer. Hence, loss of accommodation and convergence, therefore no pupillary associated reaction. The left pupil reacts normally in accommodation and convergence. No visual disturbance except that occasioned by loss of accommodation in right. The pupil of diseased side in the two foregoing cases is not dilated *ad maximum* because there is no irritation of the dilator nerves (sympathetic).

From these considerations it will be seen that lesions of the centripetal fibres (optic nerve) to one eye cannot cause inequality of the two pupils. The lessened amount of stimulus reaching the nuclei of the third nerve causes only a lessened activity of both pupils and medium dilatation, just as occurs if one eye be closed.

The theoretical cases of isolated lesion of Meynert's fibres (between the receiving centre in, say, the right corpus quadrigeminum anticum and the sub-nucleus for the sphincter pupillæ of same side) need not be considered as actually occurring in practice. The same is to be said

of lesions affecting the commissural fibres between the two third-nerve pupillary sub-nuclei. A combination of these could cause reflex immobility of the pupil of the affected side without any implication of the third nerve, and it is possible that a considerable fraction of cases of central disease with inequality of pupils and reflex immobility of the affected one occur in this way. Conditions preventing any impulses from light-stimuli from both retinæ have inaction of the pupil reflexly to light as a result, but the iris is not at fault.

Excepting the instances just mentioned, inequality of the pupils, as well as reflex and associated immobility, is always dependent upon some affection of the centrifugal pupillary fibres or their nucleus. To determine which pupil is here the affected one, we must examine both in the dimmest light possible, and then in the brightest. The pupil that is less active is the faulty one. There is yet another question to be answered: Is the trouble of third-nerve origin, or is it from the sympathetic? Not every contracted pupil is due to paresis of the dilators (sympathetic), and not every dilated one to paralysis of the sphincter (third nerve), and contracted pupil may continue after a sympathetic paralysis from a long-lasting contraction of the unopposed sphincter.

The application of cocaine in 2 or 4 per cent. solution to the affected eye may clear up doubt, for this drug acts by irritating the sympathetic, thus causing dilatation of the pupil; in paralysis of the sympathetic from section high up on one side, the resulting contracted pupil was not affected by instillation of atropine.

Inequality of the pupils is always pathological, and except in sympathetic trouble, is of serious import. If not clearly traceable to a lesion of the third nerve, we must look for its origin farther back; a lesion in the gray floor at the posterior end of the third ventricle, or in the tubular gray of the aqueduct of Sylvius or below the anterior corpora quadrigemina. Other symptoms than those of the pupil may enable us to locate the trouble, but often we must be content with mere surmise in this regard. The frequency of this symptom in the early stages of progressive paralysis of the insane, and in locomotor ataxia, in senile dementia and in brain syphilis, makes it of evil omen. It may, however, be caused by irritation of the third nerve, the affected pupil being then contracted; hence the necessity of determining which pupil is at fault if we are to know anything of the real state of affairs. Paralysis of cranial nerves is frequent in the diseases above named, but irritation of them is not uncommon, at least in tabes.

In migraine, a functional neurosis, involving the sympathetic of the head on one side, the affected pupil may be either dilated or contracted, according as the attack is angio-spastic or angio-paralytic; if the former, the arterioles are contracted from vaso-motor spasm; if the latter, they are dilated from vaso-motor paresis. From what we have already seen we know that dilated pupil is an irritative, sympathetic symptom, as is also contraction of the vessels on the affected side, and that contracted pupil is associated with dilated vessels; in short, the condition of the pupil is just opposite to that of the minute bloodvessels.

A case has been reported in which one pupil was widely dilated, the other extremely contracted, both reacting to light—the dilated one excessively so. The trouble was found to be of sympathetic origin, that system of nerves acting in opposite ways on the two sides.

Inaction of both pupils to light, unless explicable by double amaurosis, points to central trouble.—In tabes it is often associated with myosis, depending, it may be, upon disease of the upper spinal cord (lower cervical), wherein is placed the spinal centre for sympathetic supply to the iris. But it may not be of such origin, as has been already said. When the side of the neck is irritated by any painful impression this sympathetic dilatation of the pupil of the side irritated slowly appears. To produce it, I often apply suddenly a cold wet towel to the side of the neck. The absence of the reaction must not, however, lead us to the positive conclusion that the sympathetic pathway is interrupted, for it disappears with advancing years, and may be normally absent at the age of fifty. It may be well to say here that more or less contraction of the pupil is the constant accompaniment of advancing age, as dilated pupil is of early life, but the myosis of old age never is associated normally with reflex pupillary inaction, although the pupillary action may be sluggish. As the outcome of these last remarks, it may be said that dilated pupils, after the age of fifty, are pathological, and contracted pupils in early or middle life scarcely less so.

In sympathetic mydriasis (irritative) the pupil reacts to light. This is easily understood if we remember that the light-reflex occurs through the third nerve only, but it can be readily seen that when there is sympathetic myosis (paralytic) the condition results from the unopposed overaction of the sphincter pupillæ. Hence, in the latter instance, there may be reflex inaction of the pupils with myosis, as in many cases of tabes. I have seen a case of third-nerve paralysis

complete, with the exception that the pupils were contracted. But the other evidences were that the patient had central degenerative change, and that spinal myosis had preceded the onset of the paralysis of the third nerve, which did not change the myosis.

Increased intracranial pressure from tumor of the brain causes dilated pupils, and during an apoplectic coma, or in advanced meningitis, dilated pupils are present; if, in the latter cases, the pupils are contracted, we know that the patient is under the influence of morphia, or has been affected in the beginning of the attack by some other condition, of which myosis is an attendant.

Loss of the associated action of the pupils in convergence and accommodation occurs when the third-nerve sub-nucleus for this action is injured (partial internal ophthalmoplegia); the symptom not infrequently follows an attack of diphtheria. If associated with loss of pupillary reflex to light, we know that internal ophthalmoplegia is complete. In total paralysis of the third nerve the associated action is, of course, absent, and the power of convergence (on the diseased side), together with that of accommodation, is gone. No tests can be employed in such case.

Loss of the pupillary light-reflex, with retained pupillary action in accommodation, is a frequent symptom in tabes and progressive paralysis of the insane. It is known as the Argyll-Robertson pupil. The pupils may here be moderately wide, and then we are sure that trouble is in the anterior part of the aqueduct of Sylvius.

Irregularity of outline and alteration of the circular shape of the pupil have been observed in dementia paralytica; the explanation is hard to give in the present state of our knowledge.

Loss of pupillary reaction to light has been observed in traumatic neuroses (railway spine), occasionally in chronic alcoholism, and, although rarely, in nicotine poisoning from prolonged and excessive use of tobacco.

In the study of our subject it is understood that disease of the eye, as such, of any kind, is excluded, as, for instance, in glaucoma the dilated pupil, or in iritis, with adhesion the immobility of the pupil, is dependent upon the local trouble.

The examination of the pupillary changes should be made first with both eyes exposed, next with one only, the other being excluded from the light-stimuli, although under observation. In every case the eye should first be shaded so that barely enough light is present to permit the outline of the pupil being seen, and the changes noted; next, a brilliant illumination is used, if neces-

sary by means of a bi-convex lens—but here the observation must be made quickly, as the normal changes in contraction occur rapidly. In all the above-named cases the vision of the patient should be directed to some distant, not brightly illuminated, object; if, in the same amount of light, the vision be directed to a near object, say within a few inches, the contraction in accommodation and convergence will be evident, provided these faculties exist and the pupillary associated action is retained.

Dark irides give great trouble in all these examinations, and where the pupillary margin is studded with dark pigment deposits, a satisfactory examination is, at times, impossible.

EXPERIMENTAL STUDIES IN INTESTINAL SURGERY; WITH A CASE OF
SUCCESSFUL END-TO-END UNION BY A NEW METHOD AFTER
RESECTION OF THE BOWEL FOR GANGRENE.

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(Read before the Homœopathic Medical Society of the State of Pennsylvania, September
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A NUMBER of months ago, while waiting for a set of Senn's bone plates, I was called to do a herniotomy. The bowel was gangrenous and evidently from the jejunum, which precluded the formation of an artificial anus for fear of death from marasmus; the distended proximal end could not be invaginated into its collapsed distal fellow.* Fortunately the excellent condition of the patient allowed me the time necessary to unite the ends by a carefully applied Czerny-Lembert suture.

I was then impressed, as doubtless every one has been who has done the operation, with two things:

1. The ideal appearance of an end-to-end union as the nearest approach to a restoration of the normal condition.
2. The imperative necessity for a method to accomplish the same union in a much shorter space of time.

Enterorrhaphy by the Czerny-Lembert suture is apt to be followed by separation, the large number of sutures causing gangrene

* *Senn's Modification of Jobert's Method; Intestinal Surgery*, Chicago, 1889, p. 168; Also *Annals of Surgery*, vol. i., 1888.

of the edge; or any one of these sutures, even in skilful hands, may perforate all the coats of the bowel and cause leakage. As might be pre-supposed, the mortality following this method is at best a high one, the figures given by different authors varying according to the character of the operation, the lesion calling for it and the condition of the patient from 48 per cent. (Reichel) to even as high as 100 per cent. (Weir).

In marked contrast with these figures are those of Senn and Jessett: * While enterorrhaphy with the Czerny-Lembert suture gave a mortality of $71\frac{6}{10}$ ths per cent., and this on healthy dogs, it was cut down to $7\frac{8}{10}$ ths per cent. in their experiments with the bone plates. True, the great majority of these experiments were not made to bring about union after resection, but to exclude portions of the intestine from the digestive current, "physiological exclusion."

I very naturally determined to make a series of experiments with the following ends in view:

1. To familiarize myself with these methods;
2. To find, if possible, a readily available, if only an emergency substitute for the substances used by Senn and others;
3. To devise some means of end-to-end union that could be quickly applied and would do away with the disadvantages of the invagination method.

I will not burden you with the detailed account of every experiment, but describe the typical ones and those bearing directly on or leading up to the particular subject of this paper, making but a casual reference to others. The subjects were all dogs and in no instance was there any preliminary or after attention to diet, the animal being freely fed on bones, meat, vegetables, etc. There was furthermore no medicinal treatment beyond an opiate immediately after the operation to allay pain. The abdomen was shaved, scrubbed with soap and washed with bichloride solution. Distilled or boiled water, Thiersch's or salt solutions were used for the sponges and carbolyzed water for the instruments. Irrigation was dispensed with, the abdominal wound being packed with iodoform gauze during the operation on the intestine. Ether was the anæsthetic and chloroform was used to kill the animals.

I have here a number of specimens, removed post-mortem, which show very well the results obtained; also samples of the different substances recommended for intestinal anastomosis and several drawings illustrating recent methods of intestinal union, together with

* *British Medical Journal*, July 27, 1889.

those proposed and described in this paper. The latter were executed by my student, Mr. Arshagouni, to whom my thanks are due.

LATERAL ANASTOMOSIS.

Experiment.—Small mongrel bitch. After a median laparotomy, six inches of the first presenting loop of small intestine were resected, the mesentery tied off in sections, and the openings closed and turned in by two rows of continuous silk suture. The two ends were crossed so as to look in opposite directions and a slit about an inch and a half in length was made on the convex surface of each. Into these openings a pair of Senn's decalcified bone plates were introduced and the corresponding threads tied together. A few linen sutures were added to fortify the weak points. The intestine was replaced after careful disinfection and the abdomen closed. The dog got along nicely and was killed two weeks later. There was firm union of the apposed surfaces and an opening that readily admitted the little finger. From its upper border hung the tangled silk threads in which were caught a mass of hair. There were a great deal of contortion and numerous adhesions. In the two *culs de sac* were found hair and partly digested food, the remnants of a bone plate being in the upper one. The intestine above the anastomosis was very much distended, the cause being an acute flexion of the bowel from an adhesion to the lower blind end.

Experiment.—Small black and tan bitch. Six inches were again resected. The edges at each end were seized by a pair of toothed forceps, turned in and closed by a continuous suture of linen. Otherwise the details were the same as in the last, except that Abbè's catgut rings were substituted for the bone plates. Numerous adhesions and considerable contortion were again found at the autopsy, and the upper *cul de sac* was packed full of hair and food, the lower one being empty. Union was firm. Distension was present as in the former case, but due this time to the rings themselves. Prepared according to Abbè's directions,* ten days beforehand, they had undergone no change at the end of fourteen days beyond swelling and softening. The two lower and two lateral threads of silk had cut through, making deep notches, while the rings, twisted into a figure eight, hung from the two upper threads, forming, with the aid of hair and food, a complete dam.

Obstruction was found in both these dogs, and yet they apparently got along very well, except that the second one refused food and drink before she was killed. Senn considers this the reason why vomiting and tympanitis are moderate or absent in dogs.

While Abbè in his first communication † described a ring that can be made at an operation, in his second paper ‡ he advises that they be kept some days in alcohol. In one instance much valuable time is lost in preparing them, and in the other as much is required as would be necessary to make, or at least to get, Senn's plates. It is reasonable to suppose, too, that it would take longer to digest these rings in the human intestine, hence a greater likelihood that the accident met with in this experiment would recur.

To obviate such a delay, I determined to try rings that could be

* *Medical News*, June 1, 1889.

† *New York Medical Journal*, March 23, 1889.

‡ *Loc. cit.*

quickly made, and would be available to any surgeon at any time or place. Nothing seemed better than rubber drainage tubing, which is found in every operator's bag.

These are made as follows: A *soft* piece of drainage tubing is taken (No. 16 Charrière is the size I have used most) and cut long enough to wind around two or more fingers, according to the size required. The ends are then united, forming a ring, by a stitch or two of catgut. Six strands of the same catgut, each eight inches long and each armed with its needle, are tied to the ring at equal distances. If there is time, it may be well to tie the knot on the side away from that to be used for apposition; the catgut is then wound around the tubing and the needle pushed through from the knot. As the catgut softens quickly, this is not a necessary precaution, and was only used in one instance.

Experiment.—Mongrel puppy. Three inches were resected, and, in order to have a firm, unyielding substance, as nearly as possible like a bone plate, pieces of heavy, stiff Nelaton catheter (No. 17 Charrière) were used to make the rings. One ring, opened into a straight tube by absorption of the catgut, was passed five days later. The autopsy on the twelfth day, showed the same adhesions and contortion, but no obstruction or distension, the dog having had no untoward symptoms. The opening freely admitted the finger, and there was again an accumulation of hair and food in the upper *cul de sac*, in which lay the upper ring, now opened into a straight tube.

Experiment.—Small black puppy. Soft drainage tubing was substituted for the stiff piece of catheter, and prepared in the manner already described. As a precaution, a thread of linen was made to loosely unite an end of each piece of tubing, so as to guide the upper one down through the anastomotic opening. The whole seat of operation was covered with a large omental flap. The two pieces of tubing were passed on the fifth day. On opening the abdomen on the eighth day, the adhesions were found to be less than in previous cases. Union was firm, and the opening fully as large as the bowel lumen. There was an enterolith which filled the upper *cul de sac*.

One thing rather surprised me, namely, that in every experiment there was more or less accumulation in the upper blind end. This is contrary to the observations of Senn. From the condition found in the case in which the stiff piece of catheter was used, I am inclined to think that the direction of the digestive current is first down towards the bottom of the pocket, then around and back to and through the anastomotic opening. The tubing lay in the long axis of the intestine on the side away from the aperture, one end opposite to, and extending a little above, the latter, while the other was pressed so hard against the bottom of the pocket that it threatened to ulcerate through. Again, from the fact that there was some accumulation in the lower *cul de sac*, which was emphasized in the case with obstruction below the anastomosis, it would appear that the current took a

similar course in the latter. This tortuous current may account, too, for the twisting and contortion. Possibly this is only the case when anastomosis is made after resections with the formation of these pockets, and they may not occur in the ideal object of lateral anastomosis, viz.: physiological exclusion of portions of the intestinal tract. After insisting on the advantage of exclusion over resection in certain cases, Senn says* that "peristaltic or antiperistaltic action" forces the contents out of these excluded portions. In such a short pocket this "action" cannot, of necessity, be very strong. In one experiment I produced an obstruction with a strip of iodoform gauze tied around the bowel, and made an anastomosis at some distance from it. There was but very little hair in the upper tube. As these accumulations are largely made up of hair, it is reasonable to suppose that they will not be met with in practice; but, nevertheless, the pockets can become pitfalls for undigested substances and foreign bodies.

The linen thread, to unite an end of each piece of tubing, was applied as a precautionary measure, and to insure the passage of the upper one. The reason the piece of catheter did not pass was probably its stiffness, which prevented its bending and accommodating itself to the digestive current above mentioned. The same was the case with Senn's plates, a well-formed remnant being found in the upper pocket at the end of two weeks. The *soft* tubing obviates this difficulty, as I found in one experiment in which the ends were not united by a thread. Senn and others have used substances for apposition which were passed, being indigestible or partly digested. In every instance, however, these were small pieces, or soft enough to adapt themselves to the tortuous current.

Hence, if Senn's plates are not at hand, or in fact in any case, the surgeon has a good substitute in rings quickly made from a piece of soft rubber drainage tubing. As the two rings are firmly held together by the six ligatures, their lack of stiffness appears to be no disadvantage, union being equally good when rings or plates were used. C. B. Penrose† has devised some very ingenious disks that can be cut out of sheet rubber after the pattern of Senn's plates. They are armed with strands of silk, held in place by catgut. They are fully as flexible as the soft drainage tubing rings, and gave very satisfactory results, being readily passed. The rings can be made in a shorter time, and the material for them is always at hand.

* *Op. cit.* p. 54.† *Medical News*, June 1, 1889.

The results of the experiments also do away with the objection made to rings, that they do not hold large enough surfaces of the intestines together. Their pliability and the elastic pressure they exercise seem, theoretically at least, most desirable.

The small size of the opening after the use of Senn's plates in Abbé's case of colo-colostomy * tends to restrict their use, at least as they are at present prepared, to the small intestine. Connell's suggestion † to use segments of the cartilage from the scapula of a young steer, which can be readily cut down to any size, may obviate this difficulty to a certain degree. The rubber rings, on the other hand, can be made of any size and thickness, and can therefore be adapted to any portion of the intestine. What is more, they can be made to suit the conditions found at the operation, without any loss of time.

The only possible drawback to the rubber rings would be in multiple anastomoses, when some might be arrested in the pockets farther down. With soft, adaptable rubber rings, united with a thread of unabsorbable material, I have found, experimentally, that two pairs of rings can be passed.

The advantage of the rings of tubing over those of catgut, in my hands, is that they will not twist up and form a dam if some of the threads cut through before the rings are absorbed. Probably by substituting catgut strands for those of silk this could be obviated, as the ring, if undigested, would soon be released by their absorption. An experiment to be mentioned later on supports this view. Besides, by the rubber ring experiments it was conclusively shown that the catgut strands held long enough to enable firm union to take place. J. D. S. Davis, in a case of ileo-colostomy, found firm adhesions fourteen hours after the operation.‡ Furthermore, he states that his catgut mats absorbed in from forty to seventy hours in his experiments, showing that adhesions must be safe in this time at least. With these mats I have no experience beyond making them, but as he claims that an hour is necessary to prepare them, they are hardly available in an emergency.

I might say, just here, that I have experimented with other substances, notably substituting chicken-bone drains for those of rubber, but as they, too, are not in every instrument bag on all occasions, I will but briefly describe their use:

Experiment.—Large, grayish black mongrel. After a resection, anastomosis was made by chicken-bone rings. These were taken from alcohol and thor-

* *New York Medical Journal*, loc. cit.

† *Medical News*, May 4, 1889.

‡ *Virginia Medical Monthly*, September, 1889.

oughly softened in water; they were wrapped around two fingers, the ends made to overlap and tied together with silk. They were then armed with six strands of catgut, and used just as the rubber rings. Union was fortified by a continuous fine linen suture. No graft was applied. The result was similar to that found in the others, matting, twisting and adhesions to the line of union and the blind ends. There was no distension and no accumulation in the *culs de sac*. This was explained on opening the bowel; the upper pocket, which had been made deep purposely, was shut off by an acute flexion, produced by twisting and adhesion, just beyond the anastomotic opening. The lower one was so shallow that the teat encroached upon the opening, but evidently not enough to cause obstruction.

In experiments, such as I have described, *i.e.*, lateral anastomosis, the great drawbacks are the resulting adhesions and the twisting and contortion. These are especially marked when this method is used after resections. The adhesions are much diminished, if not entirely prevented, by the omental flaps suggested by Senn. As he says, however, an omental flap has its obvious objections, and he proposes omental grafts for them. These grafts do not always "take," as occurred to him in at least one instance, and it is reasonable to suppose that this would be the more probable in a graft large enough to cover such an extensive surface as an anastomosis and its blind ends, for it is to these ends that I have invariably found adjoining loops of intestine adherent. Even should a graft be applied to each of these spots, time is lost and the chances of a failure trebled.

Hence, while lateral anastomosis is the ideal operation when it is necessary to unite portions of intestines above and below obstructions, etc., it is a question whether it is *the* method to be followed after resections of the gut. An end-to-end union does away with the contortion; as it produces the normal straight digestive current instead of a devious one that doubles on itself at least once. It obviates, too, the formation of the pockets which may give rise to accumulation; it has fewer points for adhesions, and requires a much smaller and but one graft, therefore one that is more likely to "take;" one, also, that can be obtained from the excised mesentery, as suggested by Weir, when the omentum is not accessible. Besides, the graft can be readily and accurately adjusted around this tube and linear wound. Furthermore, judging from the published reports and conversations with men well versed in abdominal surgery, the tendency of the profession generally seems to be toward the ideal end-to-end union, even since the publication of Senn's experiments. That author himself advocates such a union, and proposes his modification of Jobert's method. The drawbacks to this are first, disinvasion, which occurred in Senn's and probably in Jessett's experiments. Second, if both lumina are of equal size, the distal may be invaginated into

the proximal end, a mistake that may readily occur (Senn and Jessett), and is followed by fatal results. Third, if, as I found, invagination is by no means easy when the ends are equal size, what insuperable difficulties there must be to an attempt to introduce an enormously distended proximal end into its collapsed and contracted fellow. Fourth, the narrowing of the lumen must of necessity be considerable when two whole thicknesses of the bowel and a sheet of rubber encroach upon it, and, in fact, in two out of fifteen experiments (Senn, Jessett) there was an accumulation behind the invagination, and consequent obstruction. Fifth, the statistics of these two experimenters give a mortality of $24\frac{2}{100}$ ths per cent. for invagination with an omental flap, and 75 per cent. without this protection, a rate higher than that of enterorrhaphy, $7\frac{6}{100}$ ths per cent. for lateral anastomosis with plates. I know of but one case in which this method has been practiced.* Twelve inches of intestine were resected during an ovariectomy, and the ends united by invagination. The patient died of peritonitis on the tenth day, due to ulceration along a suture. The rubber lining was still in its place, and formed an obstructing valve by its free edge.

END-TO-END UNION BY MEANS OF RUBBER SPLINTS.

While attempting to force a proximal end, lined with rubber and made too large, into the distal end, it occurred to me to apply the principle used in anastomosis by drainage tube rings, to obtain an end-to-end union. They are made exactly as those already described, except that soft tubing of a smaller size is substituted, No. 8 to No. 10 Charrière, and but four strands of catgut, armed with needles, are tied to each. The size of the bowel is ascertained by introducing the finger into the opening, and the tubing cut to the requisite length. In one experiment it was found that a ring could be made in less than three minutes. The manner of their application is described in the experiments.

Experiment.—Medium-sized mongrel dog. A median laparotomy was made, and an inch resected from the first presenting loop of small intestine. The rings were made of pieces of a stiff Nelaton catheter (No. 6 Charrière); one was introduced into each end, and the four needles pushed through all the coats of the bowel at one-quarter inch or more from the free edge, two on each side of the mesentery, and two at equidistant points on the other side of the gut. The triangle, left uncovered by peritonæum at the mesenteric attachment, was carefully closed with fine catgut (Senn), the artery having been previously tied. The other end was similarly treated, and the two then drawn

* Jessett, *loc. cit.*

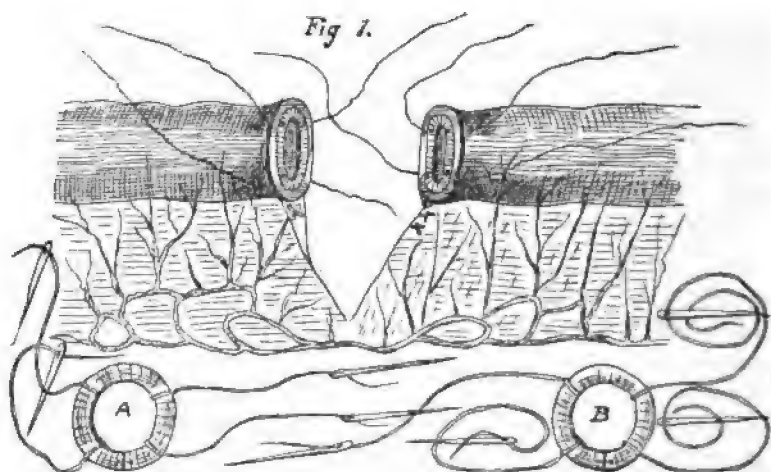
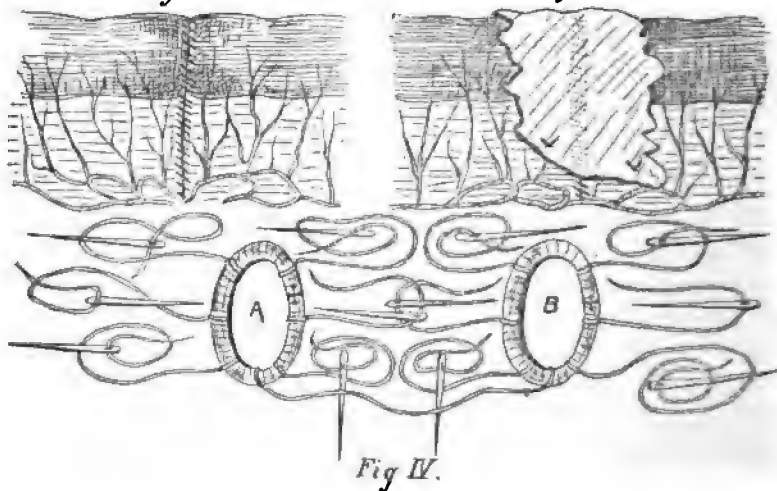
*Fig II.**Fig III.**Fig IV.*

Fig. I. represents the rings in place; on the left the artery tied, on the right the triangle exposed by the diverging layers of the mesentery united. A and B are the rings made of soft drainage tubing and armed each with needles and strands of catgut.

At Fig. II. the ends have been drawn together and a fine continuous suture of catgut applied to the line of union and the edges of the mesentery. Fig. III. shows the operation completed by a graft.

Fig. IV., A and B, are the rubber drainage tube rings for lateral anastomosis, while at C they have opened into two straight tubes united by a strand of silk by absorption of the catgut.

together. The corresponding strands of catgut from the rings were tied, and a continuous suture run around to prevent eversion, and unite the edges of the mesentery. The gut was disinfected and replaced, and the abdomen closed, layer by layer. The after-course was uneventful, the dog eating well, and the stools being formed. The rings were passed on the fifth day.

Autopsy, on the thirteenth day. Resection midway between stomach and ileo-cæcal junction. No distension or contortion, and but moderate adhesions. Union complete and very firm; the opening admitted the little finger, and was certainly more than one-half the size of the bowel above and below (the limit set by Senn). An adhesion to the mesentery caused moderate flexion of an adjoining loop, and, on breaking this up, a linen stitch was exposed.

Two changes were made after this experiment: (1.) Instead of introducing the needles one-quarter of an inch or more from the free edge, they were passed about one-eighth inch from it. The union was equally good, and the resulting constriction barely perceptible, as shown in some of the specimens. (2.) Soft rubber drainage tubing was substituted for the catheter, one end of which, inaccurately united to its fellow in the foregoing experiment, pressed so hard against the intestinal wall as to cause me considerable anxiety. It did no harm, however.

Experiment.—Large, black bitch, found to be pregnant on opening the abdomen. The presenting loop was cut across, and the end united, as in the last experiment, with rings made of No. 10 Charrière, soft drainage tubing. The line of incision was protected by an omental flap. The dog appeared perfectly well, eating freely, and passing formed stools, until killed at the end of a month. Fetuses had disappeared; no rings in the intestines, date of passage not being known. There was one adhesion of a loop of bowel to a stitch in the mesentery not covered by the flap. No distension, digestion being at its height. Union was perfect, and the constriction barely perceptible.

The details given of this experiment will save repetition in two others, which were perfectly successful; one in the small intestine, and one in the descending colon. An omental flap was used in one, a graft from the mesentery in the other. Both adhered, and their protective influence is undoubted. In another similar experiment, the abdominal wall having been united by a Zesas suture of catgut, the stitches gave way on the fourth day, the dog tore open the wound, and was found with complete protrusion of the bowels. Chloroform was at once administered, and the autopsy showed the rings *in situ*, the catgut absorbed excepting two strands which were quite soft. Union was very firm.

The nearest approach to this method of union, so far as I am aware, is the old Denans double invagination. A hard ring is introduced into each opening, and the edges turned in over it. The two ends are then pushed over a third smaller ring, and united by sutures. Neuber has since modified this by substituting rings of decalcified bone. The

principle of the operation differs radically from the one I have proposed.

A reference to two other experiments may not be out of place here.

Experiment.—Large black mongrel cur. Eight or ten turns of catgut were made around the finger, and armed with four strands of the same material. They were then used like the rubber rings. No flap or graft was applied. The dog did not get along well, and was killed on the seventh day. There were large stitch abscesses in the abdominal wound, its inner surface being adherent to numerous loops of intestine, including the portion operated upon. In the mesentery of the latter was a leakage abscess, from which the continuous linen suture led into the bowel to one side of the line of union. One stitch had perforated all the coats and produced the leakage! The line of union was perfect and firm and the lumen but very slightly encroached upon, as can be seen from the specimen.

This experiment goes to prove that union will take place with the softest kind of rings, provided they are held firmly together. The leakage emphasizes the danger of silk sutures as used in circular enterorrhaphy, for any of the numerous stitches may perforate all the coats and allow the bowel contents to escape. A continuous suture of the same material is also undesirable, as it puckers the intestines and tends to work its way into the bowel. (S. D. Gross.)

It is necessary, however, to suture the edges of the mesentery, turn in the pointing points, and fortify the line of union on the bowel. In order to save time this should be done by a continuous suture. I therefore substituted catgut in my later experiments, which, besides preventing leakage by swelling should it perforate all the coats of the bowel, certainly holds the edges together long enough to allow plastic exudation to seal and glue them. In this it is aided by the elastic splints inside, against which the continuous suture can be drawn tightly without puckering or constricting the bowel, while by the time the rings are loosened the outside suture is disorganized. In one experiment I purposely perforated all the coats of the bowel with two stitches. Leakage took place, but as the catgut swelled up it ceased. The bowel was disinfected and replaced, and no harm resulted.

It is a well-known fact that the weak point in all circular enterorrhaphies is the mesenteric attachment. In my earlier experiments I took no precautions to prevent leakage here, in order to find out how much the rings could do unaided. In operating on the human intestine it may be better to carry out the precautions used in the later experiments. The vessel is ligated and triangle closed as described. The mucosa is then united at the mesenteric attachment by one or two interrupted sutures of catgut. The edges of the closed mesentery are

drawn together immediately underneath the bowel by a couple of stitches, and a Lembert suture applied on either side. A continuous stitch of catgut is then quickly run around the bowel and down the slit in the mesentery. A graft from the omentum or the excised mesentery completes the operation. By scarifying the surface to be grafted adhesion is aided and hastened. (Senn.)

Another experiment was made to try a substitute for flaps and grafts in case they cannot be obtained.

Experiment.—The small intestine was cut across and united, end to end, by means of rubber rings. A few interrupted sutures of linen were added to turn in pouting spots, the whole wound painted with iodoform collodion, and the bowel replaced. The dog showed no untoward symptoms, ate everything, and had formed stools.

Autopsy, two weeks later: Omentum adherent to abdominal wound; no adhesions to gut or to the collodion, which is beginning to peel off in spots. On picking it all off there was no plastic exudate underneath, and consequently no union. The rings were in place, but, as the uniting strands of catgut had absorbed, the ends of the intestine were only held together by the collodion and a couple of interrupted stitches. In marked contrast with this was the portion next to the mesenteric attachment, which the collodion did not touch; here the union was very firm.

This shows that the rings cause no disturbance, the stiff splint of collodion on the outside having probably prevented sufficient peristalsis to dislodge them. It proves, too, that the digestive functions go on perfectly well while the rings are in place.

I am led to mention this experiment particularly on account of an excerpt I have since seen.* R. Stern recommends the use of collodion with iodoform to prevent abdominal adhesions to raw surfaces. The result certainly shows that adhesions do not form, and that iodoform collodion is in no sense irritating to the peritonæum, but that it also prevents plastic sealing underneath. It is, of course, a question whether, in the more sensitive human peritonæum, it would be equally harmless.

Here, then, was a rapid and safe method of uniting the resected ends of intestine, and it remained but to prove it by a suitable case. This was not long forthcoming.

Strangulated left-sided femoral hernia. Herniotomy and resection of twelve inches of intestine for gangrene. Circular enterorrhaphy by means of rubber drainage tube rings. Recovery.

On August 10, 1889, Mrs. M., aged 35 years, was admitted to my service at the Hahnemann Hospital, suffering from left-sided strangulated hernia. She had always enjoyed excellent health, had borne seven children, and was nursing a babe eighteen months old. Two months previously a lump had appeared in the left groin while washing; this had suddenly become painful

* *Centralblatt für Chirurgie*, No. 33, August 17, 1889.

forty-eight hours before admission. Epigastric pains supervened, as well as vomiting, which later took on a fecal odor. There was obstinate constipation and no flatus was passed. She had been seen the evening before by Dr. Chas. D. Smedley, of Wayne, Pa., who diagnosed hernia, and, after failing to reduce it by careful and well directed taxis, brought her to the city for operation. When seen by me she had a pinched, collapsed look; the abdomen was distended and tender; the temperature 99° and the pulse 140, small and thready. In the left groin was an ovoid swelling, divided into two sections just below Poupart's ligament; it was boggy, tender and slightly reddened. The parts were prepared in the usual manner and the strictest antiseptic precautions observed throughout, bichloride, 1 to 2000, being used until the abdomen was opened, when Thiersch's solution was substituted.

An incision was made in the long axis of the tumor and the sac, which was of a dark bluish color, almost immediately reached. On opening this there came a gush of stinking fluid and a loop of dark, red and black, mottled gut presented. It was dull, soft and undoubtedly gangrenous. It was incised and found full of a putrid fluid. The constriction, at the junction of the falciform fascia and Gimbernat's ligament, was very tight and would not admit the tip of the finger. It was carefully incised under the guidance of the eye, a fortunate precaution, as a good sized vessel spurted, which was easily taken up and tied. The grooves made by the constriction in the gut were deep and in one or two spots had practically ulcerated through. The loop was well drawn down and cut across about an inch beyond the distal groove, the abdominal opening having been previously packed with iodoform gauze. The upper constriction in the gut was so tight that the gangrenous tube could not be used as a conduit to carry the contents well away from the opening. The bowel was accordingly resected about an inch above the upper groove and a V-shaped piece, which was also gangrenous, removed from the mesentery. A quantity of dark stinking fluid poured out, the bowel being cleansed and emptied further by irrigation and kneading the abdomen. The gut above the resection seemed dull and dark, showing that the gangrene was of the spreading variety, so common, so deceptive and so fatal in intestinal strangulation. Four inches more were accordingly removed (making twelve inches in all) when the proximal end appeared perfectly healthy and like its distal fellow.

The question now came up how the gut should be treated. A Czerny-Lembert enterorrhaphy was out of the question on account of the condition of the patient, which was bad, hence should I establish an artificial anus with its inconveniences, the danger of marasmus and, taken altogether, its high rate of mortality; or should I quickly apply the method of union that had given me such excellent experimental results. My colleague, Dr. Betts, who was present, kindly gave me his endorsement for the latter course, and I proceeded at once to carry out the union end-to-end with rings of soft drainage tubing. Further leakage was prevented by the fingers of an assistant. The rings were made exactly as in the experiments, the size being determined by introducing the finger into the distal end and stretching it. By this time the proximal portion had contracted to such a degree that this stretching made them of nearly equal size. The two layers of the mesentery were carefully drawn together under the bowel and the catgut strands passed through the intestinal walls about one-eighth of an inch from the edge, one on each side of the mesentery and the other two at corresponding points opposite. The edges of the mesentery were accurately united close to the bowel and supported on each side by a Czerny-Lembert stitch. These were introduced from the inside in reverse order, as the proximal end could not be drawn out sufficiently (Wölfler). The ends were then brought together by tying the corresponding strands from the two rings, the pointing spots tucked in and the whole fortified by a quickly executed continuous suture. A similar suture to pucker up the mesentery belonging to the portion resected last and to unite the edges of the V-shaped portion completed the enterorrhaphy. The bowel was then carefully disinfected and replaced. The omentum, unfortunately, was not within reach, the accessible portion of the mesentery had to be excised, and as that attached to the remainder of the resection could not be sufficiently drawn out, no protective graft was applied.

The gangrenous sac was then dissected up and ligated as high as possible, the edges of the wound inverted, the cavity packed with iodoform gauze, and the sides drawn together by skin sutures.* I was led to think, from subsequent developments, that it might have been better to excise more of the sac and draw the peritonæum together.

For the notes of the after-course of the case, I am indebted to the hospital residents, Drs. Northrup and Caley.

On the third day the temperature rose to 102°; the outer dressing was removed, and the wound found in good condition. The breasts had caked and were relieved by the pump. On the following day, the temperature continuing the same, and some unhealthy pus being found, the whole wound was opened, disinfected, and loosely tamponaded. This brought the temperature down; but after another rise (103½°) wet gauze, creolinized and later carbolized, was substituted and changed daily. The cavity filled by granulation and was firmly healed in a month. The caking of the breasts gradually subsided, and was followed on the eleventh day by an annoying parotitis. This disappeared under appropriate treatment. Flatus was passed the first night, and the distension, which increased at the beginning, soon subsided. It was followed by a cadaverous smelling diarrhoea, resembling the fluid found in the intestines. This lasted several days and gradually changed in character, until, by the fourteenth day, the stools were formed, and have continued so ever since. During the eighth night she had a number of watery stools in which the rings were probably overlooked. At the end of four weeks the bowels were thoroughly emptied by means of a mild laxative, and on the thirty-second day she was freely purged with castor oil. She went home on the thirty-sixth day apparently in the best of health, well-nourished and rapidly gaining flesh. There was but the normal general cough impulse in the inguinal regions, the scar being deep, large and firm.

The first question in this case was between an artificial anus and the restoration of the intestinal continuity. McCosh, in an able article on resection of gangrenous intestine in hernia,† gives the mortality following immediate resection and suture as 50 per cent. in one hundred and fifteen cases collected by him. These figures are a trifle below those given by other writers (Makin, Reichel, Madelung, McCordle). The closure of an artificial anus, on the other hand, gives a much lower rate, 38 per cent. (Makin, Reichel). He very justly argues, however, that to these figures must be added those who die from the kelotomy itself (20 per cent., at least), or before the fæcal fistula is closed (5 per cent.). In support of this he has collected one hundred and twenty cases, with a mortality of about 52 per cent. This figure he still considers too low, as many patients with an artificial anus are lost sight of before an attempt at cure is undertaken. The chances, then, are certainly not less in immediate union, without taking into account the future comfort of the patient. Besides, in this case, the gangrenous loop was from the small intestine, and probably far enough up the canal to cause marasmus, if fæcal fistula were made.

The next question was that of the spreading gangrene and the

* *McBurney, Medical Record, March 23, 1889.*

† *New York Medical Journal, March 15, 1889.*

propriety of replacing the gut. After removing the second piece, I was satisfied, by careful observation for some time, that the intestine was perfectly healthy. It was impossible to carry out Riechel's suggestion to fasten the gut to the thigh, well away from the wound, and wait for the line of demarcation to appear, for the proximal portion above the constriction could not have been drawn out sufficiently, even had I desired to follow his advice.

Once satisfied that a union was preferable, what method should I employ? There was no time for a circular enterorrhaphy, on account of the patient's condition. Lateral anastomosis, with rings or plates, aside from the objections I have already made to it, was impossible, as the proximal end could not be drawn out sufficiently. In fact, it would have been very hard to replace such a bulky mass without extensively enlarging the opening. There remained but one course open to me, *i.e.*, to unite the bowel end to end by a method both quick and safe. The rubber rings met these requirements and were accordingly used. The result certainly seems to justify their further use.

Conclusions.—1. Soft rubber drainage tubing may be used in lateral anastomoses as a substitute for bone plates, catgut rings or mats, or rubber discs. It is always at hand, and can quickly be made into rings of any required size. The tendency of these rings to assume the circular shape holds the slit open.

2. Physiological exclusion is the sphere of lateral anastomosis. When used after resections accumulations are found in the pockets; contortions occur on account of the tortuous current; adhesions are frequent and there are three lines of union to graft.

3. Well softened bone drain-rings will answer if they are at hand.

4. End-to-end union, after resection, is the ideal, and may be quickly and safely made with rubber rings or splints of soft, small drainage tubing. The region of the mesenteric attachment may be accurately united by a few catgut stitches, and eversion of the bowel edges prevented by a fine continuous suture of the same material.

5. This method is preferable to invagination, and accomplishes the same result as the Czerny-Lembert suture much more safely and quickly. The resulting constriction is barely preceptible.

6. A graft from the omentum or mesentery should be applied when practicable, the surface being first scarified.

7. Iodoform collodion prevents adhesions, and is not irritating to the peritonæum of the dog, but it also prevents plastic exudation and, therefore, union.

HÆMATEMESIS—A REPERTORY.

BY EDUARDO FORNIAS, M.D., PHILADELPHIA.

HÆMATEMESIS.—*Acon.*, *aloe*, *alum*, *amm. c.*, *arg. nit.*, *arn.*, *ars.*, *bell.*, *bryo.*, *cact.*, *calc. o.*, *canth.*, *carb. v.*, *caust.*, *china*, *cicuta*, *coloc.*, *cora.*, *crotal.*, *cup.*, *erect.*, *erig.*, *ferr.*, *ham.*, *hyos.*, *ipec.*, *kali b.*, *laches.*, *lob.*, *lycop.*, *merc.*, *mill.*, *nat. m.*, *nux v.*, *opi.*, *oxal. ac.*, *petrol.*, *phos.*, *phytol.*, *plumb.*, *podo.*, *puls.*, *rhus*, *sec.*, *stann.*, *stram.*, *sulph.*, *verat. alb.*, *verat. v.*, *zinc*.

BLOOD: QUALITY AND COLOR.

— BLACK.—*Arg. nit.* (tinges bedding black), *ars.*, *cact.*, *calc. o.*, *coni.*, *crotal.* (liquid), *ham.*, *ipec.* (pitch-like), *nux v.* (liquid), *oxal. ac.*, *phos.* (ink-like), *plumb.*, *puls.*, *rhus*, *sulph.* (fluid, at the appearance of the menses), *verat. alb.*, *zinc*.

— LIQUID.—*Arg. n.*, *crotal.*, *nux v.*, *phos.*, *sulph.*

— BROWN.—*Bryo.*, *carb. v.*, *rhus*.

— MASSES.—*Ars.*, *china*, *coni.*, *opi.*, *phos.*, *plumb.*, *sec.* (dark, slimy).

— CLOTTED.—*Arn.*, *ferr.*, *ham.*, *hyos.*, *lycop.*, *merc.*, *nit. ac.*, *phyto.*, *puls.*, *rhus*.

— DARK.—*Arn.* (coagula), *carb. v.*, *caust.*, *china*, *ham.*, *hyos.*, *kreos.*, *ipec.*, *phos.*, *phos. ac.*, *plat.*, *puls.*, *sulph. ac.*

— SUBSTANCES.—*Arg. n.*, *calc. o.*, *china*, *crotal.*, *ipec.*, *nux v.*, *phos.*, *plumb.*, *sec.*, *verat. alb.*

— EASILY COAGULATING.—*Ferr.*, *puls.*

— LUMPY.—*Ferr.* (light in color).

— MASSES.—*Arn.*, *carb. v.*, *opi.*, *phytol.* (with slime).

— MIXED WITH BILE.—*Bell.*, *carb. v.*, *merc.*, *nux v.*, *podo.*, *sec.*, *verat. alb.*

— MIXED WITH INGESTA.—*Arn.*, *ars.*, *calc.*, *carb. v.*, *canth.*, *hyos.*, *ipec.*, *lycop.*, *nux v.*, *phos.*, *puls.*, *sec.*, *sulph.*, *verat. alb.*

— — WITH MUCUS.—*Acon.*, *ars.*, *bell.*, *canth.*, *ham.*, *hyos.*, *ipec.*, *kali b.*, *nux v.*, *phyt.*, *sec.*, *sulph.*, *verat. alb.*, *zinc*.

— — — WITH EFFORT.—*Canth.* (and colic), *phyt.*, *zinc*.

— — — WITHOUT EFFORT.—*Ham.*, *ipec.*

— PERIODICAL.—*Cactus*, *carb. v.*, *crotal.*, *cup.*, *kreos.*, *laches.* (every spring), *phos.*, *plumb.*

- BLOOD: RED—BRIGHT.—*Acon.*, *arn.*, *bell.*, *bryo.*, *calc.*, *china*, *ipéc.*,
ferr., *rhús.*, *mill.*
 — DARK.—*Arn.*, *ham.*, *ipéc.*, *nux v.*, *puls.*, *sec.*, *sulph.*
 — LIGHT.—*Petrol.*
 — STREAKED.—*Ars.*, *canth.*, *merc. c.*, *sec.*, *zinc.*
 — VICARIOUS.—*Bryo.*, *cup.*, *ham.*, *hyos.*, *laches.*, *phos.*, *puls.*,
sulph.
 — SIMILARITY. (*Decomposed.*)
 Like BLACK SUBSTANCES.—*Nux v.*, *phos.*, *plumb.*, *sulph.*,
verat. alb.
 — CHARRED STRAW.—*Laches.*
 — CHOCOLATE.—*Bryo.*, *phos.*, *sec.*
 — COFFEE.—*Ars.*, *merc. c.*, *phos.*, *plumb.*
 — COFFEE-GROUNDS.—*Arg. n.*, *coni.*, *crotal.*, *merc. c.*, *phos.*,
sec.
 — GREEN MASSES.—*Acon.*, *ars.* (followed by blood), *crotal.*
(fœtid), *lyc.* (dark), *sec.* (frothy), *stram.* (dark).
 — GREEN SUBSTANCES.—*Acon.*, *ars.*, *bryo.*, *canth.*, *coloc.*,
crotal., *cup. acet.*, *ipéc.*, *merc. c.*, *petrol.*, *phos.*, *plumb.*,
puls., *sab.*, *sec.*, *stram.*, *verat. alb.*
 — INK.—*Phos.* (*arg. n.?*).
 — PITCH.—*Ipec.*
 — THREADS.—*Phos.*
 — QUANTITY.
 COPIOUS.—*Acon.*, *cact.*, *erig.*, *ipéc.*, *mill.*
 SCANTY.—*Ars.*, *hyos.*, *kali b.*, *phyto.*, *zinc.*
 — MODALITY.
 COUGHING.—*Alum.*, *arg. n.*, *arn.*, *bryo.*, *merc.*, *phos.*, *rhús.*,
til., *sulph.*
 DEFECATING.—*Ars.*
 DRINKING, WATER.—*Ars.*, *merc.*
 — BROTH.—*Ars.*
 EATING.—*Arn.*, *puls.*, *rhús.*, *stram.*
 LYING ON THE BACK.—*Merc. c.*
 MOVING.—*Bryo.*, *cact.*, *crotal.*, *zinc.*
 RIDING ON A CARRIAGE.—*Petrol.*, *phos.*
 RAISING THE HEAD.—*Ars.*
 SMOKING.—*Phos.*
 WALKING IN THE ROOM.—*Crotal.*
 WAKING.—*Acon.*

BLOOD: PRECEDENTS.

ANXIETY.—*Acon.*, *arn.*, *ars.*, *bell.*, *bryo.*, *calc. o.*, *caust.*, *china*,
coni., *cup.*, *hyos.*, *ipéc.*, *lach.*, *lycop.*, *merc.*, *nat. m.*,
nux v., *puls.*, *rhus*, *sec.*, *stram.*, *sulph.*, *verat. alb.*

— WITH FEAR OF DEATH.—*Acon.*, *ars.*, *cup.*, *ipéc.*, *nux v.*

COLDNESS OF THE EXTREMITIES.

LOWER.—*Ars.*, *bell.*, *carb. v.*, *calc. o.*, *caust.*, *coni.*, *ipéc.*,
hyos., *lach.*, *led.*, *lyc.*, *merc.*, *nit. ac.*, *nux v.*, *opi.*,
phos., *plumb.*, *puls.*, *verat. alb.*, *sec.*, *zinc.*

FEET.—*Acon.*, *alum.*, *ars.*, *bell.*, *calc. o.*, *caust.*, *coni.*,
crotal., *ipéc.*, *kreos.*, *lach.*, *lyc.*, *merc.*, *nat. m.*, *petrol.*,
phos., *plumb.*, *sulph.*, *verat. alb.*, *zinc.*

UPPER.—*Amm. c.*, *bell.*, *calc. o.*, *carb. v.*, *caust.*, *china*,
ipéc., *lach.*, *nux v.*, *opi.*, *plumb.*, *rhus*, *sulph.*, *verat. alb.*

HANDS.—*Acon.*, *amm. c.*, *bell.*, *cact.*, *calc. o.*, *carb. v.*,
china, *ipéc.*, *kreos.*, *lach.*, *nat. m.*, *nit. ac.*, *nux v.*, *petrol.*,
phos., *sulph.*, *verat.*

FAINTNESS.—*Acon.*, *arn.*, *ars.*, *bell.*, *bryo.*, *calc. o.*, *canth.*,
carb. v., *china*, *coloc.*, *coni.*, *ferr.*, *hyos.*, *ipéc.*, *kreos.*, *laches.*,
lyc., *merc.*, *nux v.*, *opi.*, *phos.*, *phyt.*, *plumb.*, *puls.*, *rhus*,
stram., *sulph.*, *verat. alb.*

FULNESS AT THE EPIGASTRIUM.—*Calc. o.*, *carb. v.*, *china*,
ham., *lycop.*, *nux v.*, *phos.*, *puls.*, *rhus*, *sulph.*

HEAT IN THE EPIGASTRIUM.—*Acon.*, *amm. c.*, *ars.*, *bell.*,
cact., *canth.*, *carb. v.*, *china*, *cicuta*, *cup.*, *ferr.*, *ham.*, *hyos.*,
kali b., *lach.*, *lob.*, *merc.*, *nux v.*, *phos.*, *phyt.*, *plumb.*, *sec.*,
stram., *sulph.*, *zinc.*

NAUSEA.—*Acon.*, *arn.*, *ars.*, *bell.*, *bryo.*, *calc. o.*, *carb. v.*, *caust.*,
china, *coni.*, *crotal.*, *cup.*, *hyos.*, *ipéc.*, *kreos.*, *lach.*, *lob.*,
lyc., *merc.*, *nat. m.*, *nit. ac.*, *nux v.*, *petrol.*, *phos.*, *phyt.*,
plumb., *podo.*, *puls.*, *rhus*, *sec.*, *stram.*, *sulph.*, *tart. e.*, *verat.*
alb.

PALENESS.—*Acon.*, *alum.*, *amm. c.*, *arg. nit.*, *arn.*, *ars.*, *bell.*,
bryo., *cact.*, *calc. o.*, *canth.*, *carb. v.*, *caust.*, *china*, *cic.*, *coloc.*,
coni., *crotal.*, *cup.*, *ferr.*, *hyos.*, *ipéc.*, *kreos.*, *lach.*, *lyc.*, *merc.*,
nat. m., *nit. ac.*, *nux v.*, *opi.*, *petrol.*, *phos.*, *phyt.*, *plumb.*,
puls., *rhus*, *sec.*, *stram.*, *sulph.*, *verat. alb.*, *zinc.*

PULSATION OF BLOODVESSELS (GENERAL).—*Acon.*, *bell.*,
calc. o., *coloc.*, *ferr.*, *glon.*, *hyos.*, *kreos.*, *lyc.*, *nat. m.*,
nux v., *opi.*, *petrol.*, *phos.*, *plumb.*, *puls.*, *rhus*, *sulph.*,
zinc.

BLOOD: PULSATION OF BLOODVESSELS (ABDOMINAL).—Acon.,
aloe., cact., *calc. o.*, caust., lach., *lyc.*, merc., *nux v.*,
opi., plumb., *puls.*, sec.

— AT THE PIT OF THE STOMACH.—Arg. n., *ars.*, bell.,
calc. o., carb. v., *china* (visible), *puls.* (perceptible), rhus.

PULSE, FAILING.—*Ars.*, carb. v., *china*, crotal., ipec., kreos.,
lach., merc., *nux v.*, *phos.*, *puls.*, rhus, sec., *verat. alb.*

WEIGHT AT THE STOMACH.—Acon., amm. c., arg. n., *ars.*,
bell., *calc. o.*, carb. v., *china*, cic., ferr., ipec., *lach.*, *lyc.*,
merc., nat. m., *nux v.*, petrol., *phos.*, plumb., *puls.*, rhus,
sulph.

CONCOMITANTS.

ABDOMEN BLOATED.—Acon., alum., amm. c., *arg. n.*, *arn.*, *ars.*,
bell., bryo., *calc. o.*, canth., carb. v., caust., *china*, cic.,
nat. m., coloc., con., crotal., cup., *hyos.*, ipec., lach.,
lob., *lyc.*, merc., *nux v.*, opi., petrol., *phos.*, plumb.,
puls., rhus, sec., stann., *stram.*, *sulph.*, *verat. alb.*, zinc.

— BURNING.—Acon., *ars.*, bell., *calc. o.*, canth., carb. v.,
crotal., *lach.*, *lyc.*, merc., *nux v.*, *phos.*, plumb., rhus,
sec., stann., *verat. alb.*

— COLD.—*Ars.*, *calc. o.*, caust., petrol., *phos.*, plumb., sec.,
sep.

— HOT.—Bell., canth., coloc., lach., *nux v.*, plumb., sulph.

— PAINFUL. (See Sore.)

— RETRACTED.—Acon., cup., plumb., *puls.*, rhus (visible
above navel), *stram.* (spasmodically).

— SOFT OR FLABBY.—Bell., ipec., lob., *phos.*, *podo.*, rhus,
zinc.

— SORE.—Acon., *ars.*, bell., canth., carb. v., coloc., coni., cup.,
hyos., ipec., lach., merc., nat. m., *nux v.*, *phos.*, plumb.,
puls., stann., *sulph.*

— THROBBING. (See pulsation in PRECEDENTS.)

AMAUROSIS.—Arn., bell., *calc. o.*, caust., chin., cic., con., ferr.,
hyos., *lyc.*, merc., nat. m., nit. ac., opi., petrol., *phos.*, *puls.*,
sec., *stram.*, *sulph.*, *verat. alb.*, zinc.

AMENORRHOEA.—*Ars.*, bryo., *calc. o.*, caust., coloc., coni., cup.,
ferr., *hyos.*, lach., *lyc.*, merc., nat. m., opi., *phos.*, *podo.*,
puls., rhus, sec., *stram.*, *sulph.*, *verat. alb.*, zinc (*sepia*).

ANÆMIA.—*Ars.*, bell., bryo., *calc. o.*, carb. v., chin., coni., cup.,
ferr., merc., nat. m., *phos.*, *phos. ac.*, *puls.*, rhus, stann., *sulph.*,
verat. alb.

BLOOD: ANGUISH, GENERAL.—*Acon.*, *ars.*, *bell.*, *calc. o.*, *carb. v.*, *chin.*, *coni.*, *cup.*, *ferr.*, *hyos.*, *lach.*, *lyc.*, *merc.*, *nat. m.*, *nux v.*, *phos.*, *plumb.*, *puls.*, *rus.*, *sec.*, *stann.*, *sulph.*, *verat.*

— **IN ABDOMEN.**—*Ars.*, *bell.*, *canth.*, *carb. v.*, *nat. m.*, *plumb.*, *rus.*, *sec.*, *sulph.*

— **IN STOMACH.**—*Arg. n.*, *ars.*, *crot.*, *nux v.*, *phos.*, *puls.*

— **IN STOMACH-PIT.**—*Ars.*, *calc. o.*, *cic.*, *cup.*, *ipéc.*, *lyc.*, *nat. m.*, *nux v.*, *sec.*, *stram.*, *verat. alb.*

BLOODY TASTE.—*Bell.*, *calc. o.*, *china*, *ham.*, *ipéc.*, *zinc.*

BLUENESS OF THE SKIN.—*Arn.*, *ars.*, *bell.*, *carb. v.*, *coni.*, *cup.*, *lach.*, *nat. m.*, *nux v.*, *opi.*, *plumb.*, *sec.*, *verat.*

BUZZING IN EARS.—*Amm. c.*, *bell.*, *calc. o.*, *caust.*, *chin.*, *coni.*, *hyos.*, *nat. m.*, *puls.*, *sulph.*

CARDIAC MURMURS.—*Ars.*, *bell.*, *caust.*, *calc. o.*, *chin.*, *ferr.*, *glon.*, *kali c.*, *lob.*, *nat. m.*, *plumb.*, *spong.*, *stram.*

CHILLINESS.—*Acon.*, *arn.*, *ars.*, *bryo.*, *calc. o.*, *canth.*, *carb. v.*, *caust.*, *chin.*, *ipéc.*, *lach.*, *lob.*, *lyc.*, *merc.*, *nat. m.*, *nux v.*, *petrol.*, *phos.*, *puls.*, *rus.*, *sulph.*, *verat. alb.*, *zinc.*

CHOLERA-LIKE SYMPTOMS.—*Amm. c.*, *verat. alb.*

COLIC.—*Bell.*, *canth.*, *coloc.*, *hyos.*, *ipéc.*, *lyc.*, *nux v.*, *opi.*, *phos.*, *plumb.*, *puls.*, *verat. alb.*

COLLAPSE.—*Acon.*, *ars.*, *canth.*, *carb. v.*, *cup.*, *ox. ac.*, *phos.* (sudden), *sec.*, *verat. alb.*

COMPLEXION, CACHECTIC.—*Merc.*, *plumb.*

CADAVEROUS.—*Ferr.*

PASTY-LOOKING.—*Ars.*

SALLOW.—*Nat. m.*, *rus.*, *stann.*, *sulph.*

SEMI-JAUNDICED.—*Crot.*, *cup.*, *ferr.*, *ipéc.*, *merc.*, *nat. m.*, *nux v.*, *plumb.*, *phos.*, *rus.*, *sec.*

CONCEALED BLEEDING.—*Alum.*, *ars.*, *canth.*, *coloc.*, *ham.*, *merc.*, *nat. m.*, *nux v.*, *opi.*, *phos.*, *rus.*, *stram.* (See *Melæna.*)

CONSTIPATION.—*Acon.*, *bell.*, *bryo.*, *calc. o.*, *carb. v.*, *con.*, *lach.*, *lyc.*, *merc.*, *nat. m.*, *nit. ac.*, *nux v.*, *opi.*, *phos.*, *plumb.*, *sulph.*, *verat. alb.*

CONVULSIONS.—*Bell.*, *bryo.*, *canth.*, *cic.*, *coloc.*, *cupr.*, *hyos.*, *ipéc.*, *merc.*, *nux v.*, *opi.*, *plumb.*, *sec.*, *stram.*, *verat. alb.*

— **PRECEDED BY COLIC.**—*Bell.*, *caust.*, *coloc.*, *cup.*

— **FOLLOWED BY COMA.**—*Hyos.*, *lach.*, *opi.*

COUNTENANCE. (See under **FACE—COMPLEXION.**)

BLOOD : CRAMPS, ABDOMINAL.—*Ars.*, *bell.*, *coloc.*, *cup.*, *ferr.*, *hyos.*,
nux v., *phos.*, *plumb.*, *sec.*, *stram.*, *sulph.*

—— **IN STOMACH.**—*Arg. n.*, *ars.*, *bell.*, *bryo.*, *calc. o.*, *carb. v.*,
caust., *china*, *coloc.*, *cup.*, *lach.*, *lyc.*, *nux v.*, *phos.*, *plumb.*,
puls., *sulph.*

—— **CYANOSIS.**—*Acon.*, *arn.*, *ars.*, *bell.*, *bryo.*, *carb. v.*, *cup.*,
lach., *merc.*, *nat. m.*, *nux v.*, *opi.*, *phos.*, *puls.*, *rhus*, *sec.*,
verat. alb.

DEBILITY. (See **WEAKNESS.**)

DEPRESSION, MENTAL.—*Acon.*, *ars.*, *calc. o.*, *canth.*, *chin.*, *ferr.*,
ham., *merc. s.*, *nat. m.*, *opi.*, *phos.*, *plumb.*, *puls.*,
verat. alb.

—— **MORNING.**—*Canth.*, *opi.*

—— **AFTERNOON.**—*Opi.*

—— **EVENING.**—*Puls.*

—— **NIGHT.**—*Amm. c.*

—— **PHYSICAL.**—*Ars.*, *bryo.*, *cact.*, *canth.*, *coloc.*, *eric.*, *erig.*,
ferr., *kali b.*, *lyc.*, *merc.*, *nat. m.*, *ox. ac.*, *plumb.*,
phos., *rhus*, *sulph.*, *verat. alb.*, *zinc.*

—— **MORNING.**—*Canth.*, *coloc.*

—— **AFTERNOON.**—*Sulph.* (in open air).

—— **EVENING.**—*Coloc.*

—— **ON RISING.**—*Ham.*

—— **OF PULSE.**—*Acon.*, *arn.*, *ars.*, *bell.*, *bryo.*, *canth.*, *chin.*,
crotal., *ham.*, *hyos.*, *kali b.*, *merc.*, *nat. m.*, *nux v.*, *opi.*, *ox. ac.*, *plumb.*, *phos.*, *sec.*, *stram.*, *verat.*
alb., *zinc.*

—— **DURING CONVULSIONS.**—*Nux v.*, *opi.*

—— **AFTER STOOL.**—*Caust.*

—— **AFTER VOMITING.**—*Acon.*

DESIRE, for ACIDS.—*Arg. n.*, *ars.*, *bryo.*, *coni.*, *stram.*, *verat.*
alb., *zinc.*

—— **for COOLING DRINKS.**—*Kali b.*, *merc. s.*, *verat. alb.*

—— **for LEMONADE.**—*Bell.*, *sec.*

—— **for WATER.** (See **THIRST.**)

—— **to LIE DOWN.** *Alumin.*, *bell.*, *coloc.*, *ferr.*, *ham.*, *nux v.*,
opi., *phos.*, *rhus.*

DIARRHŒA.—*Ars.*, *bryo.*, *calc. o.*, *carb. v.*, *chin.*, *coloc.*, *ferr.*,
ipéc., *merc.*, *nux v.*, *ox. ac.*, *puls.*, *rhus*, *sec.*, *sulph.*,
verat. alb.

—— **DIFFICULT.**—*Alumin.*, *amm. c.*, *bryo.*, *carb. v.*, *chin.*, *lach.*,
merc., *nat. m.*, *nit. ac.*, *nux v.* (See **STOOLS.**)

BLOOD : DIZZINESS. (See VERTIGO.)

DROPSY.—Amm. c., *ars.*, *arn.*, *bell.*, *bryo.*, *calc. o.*, *canth.*, *chin.*,
coloc., *con.*, *ferr.*, *hyos.*, *merc.*, *opi.*, *plumb.*, *rhus*, *sulph.*

— from DEBILITATING LOSSES.—*Chin.*, *ferr.*, *merc.*, *sulph.*

DYSPEPSIA.—*Arn.*, *arg. n.*, *ars.*, *bryo.*, *calc. o.*, *carb. v.*, *chin.*,
lach., *lyc.*, *merc.*, *nat. m.*, *nux v.*, *phos.*, *puls.*, *rhus*, *sulph.*

EBULLITION.—*Acon.*, *aloe.*, *bell.*, *bryo.*, *calc. o.*, *carb. v.*, *ferr.*,
lyc., *merc.*, *nat. m.*, *nux v.*, *opi.*, *phos.*, *rhus*, *sep.*, *sulph.*

ECHYMOSES.—*Arn.*, *ars.*, *bryo.*, *chin.*, *coni.*, *crotal.*, *lach.*, *nux*
v., *phos.*, *plumb.*, *rhus*, *sec.*

ERUCTIONS.—*Arn.*, *bell.*, *carb. v.*, *coni.*, *lach.*, *merc.*, *nat. m.*,
nux v., *phos.*, *puls.*, *rhus*, *sulph.*, *verat. alb.*

— BITTER.—*Bryo.*, *merc.*, *nux v.*, *puls.*

— BURNING.—*Bell.*, *canth.*, *coni.*, *lach.*, *lyc.*, *pod.*, *sulph.*

— CONTINUAL.—*Lach.*, *sulph.*

— FOUL.—*Arn.*, *bell.*, *coni.*, *merc.*, *nux v.*, *puls.*, *plumb.*,
sec.

— NAUSEOUS.—*Calc. o.*, *chin.*, *puls.*, *verat. alb.*, *zinc.*

— PAINFUL.—*Caust.*, *coni.*, *nux v.*, *petr.*, *phos.*, *plumb.*,
rhus.

— — STOMACH.—*Phos.*, *rhus.*

— SPASMODIC.—*Nux v.*, *phos.*

— SWEETISH.—*Acon.*, *carb. v.*, *plumb.*, *zinc.*

— VIOLENT.—*Arn.*, *coloc.*, *lach.*, *lyc.*, *merc.*, *plumb.*, *verat. alb.*

EXTREMITIES. (See LIMBS.)

FACE, HIPPOCRATIC.—*Acon.*, *ars.*, *canth.*, *carb. v.*, *chin.*, *cupr.*,
merc. c., *nux v.*, *ox. ac.*, *phos.*, *phyt.*, *sec.*, *verat.*

— PALE.—*Ars.*, *calc. o.*, *canth.*, *carb. v.*, *chin.*, *cic.*, *coni.*,
cup., *ferr.*, *ipéc.*, *lyc.*, *merc.*, *nat. m.*, *nux v.*, *ox. ac.*,
phos., *plumb.*, *puls.*, *rhus*, *sec.*, *sulph.*

— PINCHED.—*Acon.*, *cup.*, *ferr.*, *lyc.*, *merc. c.*, *phos.*, *zinc.*

— RED.—*Acon.*, *bell.*, *bryo.*, *calc. o.*, *canth.*, *chin.*, *cup.*, *ferr.*,
hyos., *ipéc.*, *merc.*, *nux v.*, *opi.*, *stram.*

— — CHEEKS.—*Acon.*, *ars.*, *calc. o.*, *chin.*, *coloc.*, *ferr.*,
lach., *merc.*, *nux v.*, *phos.*, *puls.*, *sulph.*

FAINTING.—*Ars.*, *calc. o.*, *chin.*, *coloc.*, *coni.*, *cup.*, *hyos.*, *ipéc.*,
lach., *nux v.*, *opi.*, *phos.*, *puls.*, *rhus*, *sec.*, *stram.*, *sulph.*,
verat. alb.

— with FACE PALE.—*Acon.*, *lach.*, *nat. m.*, *nux v.*, *puls.*

— — FACE RED.—*Acon.*

— — NAUSEA.—*Ars.*, *calc. o.*, *lach.*, *nat. m.*, *nux v.*, *petr.*

BLOOD: FAINTING with TREMBLING.—*Nux v.*, petr.

—— — VERTIGO.—*Ars.*, carb. v., *coni.*, lach., sulph.

—— — VOMITING.—*Lach.*, *nux v.*, puls., sulph.

FEVER, HECTIC.—*Ars.*, calc. o., *chin.*, *ipéc.*, lach., *phos.*, sulph.

—— HIGH.—*Acon.*, bell., bryo., hyos., merc., *nux v.*, *phos.*, puls., rhus, verat. v. (ham.).

GAGGING.—*Acon.*, arg. n., *arn.*, canth., *coni.*, *nux v.*, *phos.*, rhus, stram., sulph.

GASPING.—*Acon.*, *ars.*, canth., *ipéc.*, lyc., merc., opi., *phos.*, stram.

GASTRITIS.—*Acon.*, *ars.*, bell., bryo., canth., coloc., cup., hyos., *ipéc.*, *nux v.*, *phos.*, puls., sec., stram., verat. alb.

GASTROSIS (gastric derangement).—*Acon.*, *arn.*, *ars.*, bell., bryo., calc. o., carb. v., china, coloc., *coni.*, *ipéc.*, lyc., merc., nat. m., nit. ac., *nux v.*, *phos.*, puls., sulph., verat. alb.

GURGLING (in the bowels).—*Aloe*, arg. n., bryo., canth., coloc., ferr., hyos., kali b., lach., lyc., merc., nat. m., opi., *phos.*, puls., rhus, sulph.

HEADACHE.—*Acon.*, bell., bryo., calc. o., china., ferr., *ipéc.*, merc., *nux v.*, puls., sulph.

HEART (disturbed).—*Acon.*, bell., cact., chin., lyc., nat. m., *phos.*, puls., rhus, verat. alb., verat. v.

HÆMORRHOIDS.—*Aloes*, lach., *nux v.* puls., sulph.

HICCUGH.—Bell., bryo., cic., hyos., *nux v.*, opi., *phos.*, plumb., puls., stram., sulph., verat. alb.

HYSTERIA.—Bell., bryo., caust., *coni.*, hyos., ign., *ipéc.*, nat. m., *nux v.*, *phos.*, plumb., puls., stram., verat. alb.

JAUNDICE.—*Acon.*, bell., bryo., carb. v., *chin.*, *coni.*, crotal., ferr., lach., lyc., merc., nit. ac., *nux v.*, opi., *phos.*, plumb., podo., puls., sulph.

LANGUOR. (See Weakness.)

LEUCORRHOEA.—*Alumin.*, *ars.*, calc. o., carb. v., caust., chin., *coni.*, ferr., lyc., merc., nat. m., petrol., *phos.*, puls., sep., stann., sulph.

LIMBS, COLD. (See in COLDNESS.)

—— TREMBLING.—*Ars.*, arg. n., bell., caust., *coni.*, merc., *nux v.*, opi., ox. ac., plumb., sec., stram., sulph.

—— TWITCHING.—*Ars.*, bell., hyos., lach., merc., *nux v.*, opi., plumb., rhus, sec., stram., sulph., verat. alb.

LIVER, ENGORGED.—*Aloe*, *ars.*, bell., bryo., cact., carb. v., *nux v.*, merc., *phos.*, podo., puls., rhus, sulph., verat. alb.

BLOOD: LIVER, ENLARGED.—*Ars.*, *calc. o.*, *caust.*, *chin.*, *lach.*, *merc.*, *nux v.*, *phos.*, *sulph.*

—— INDURATED.—*Ars.*, *calc. o.*, *chin.*, *lyc.*, *merc.*, *nat. m.*, *nux v.*, *phos.*, *plumb.*, *puls.*, *sulph.*

—— STITCHES (in).—*Acon.*, *aloe*, *alumin.*, *arg. n.*, *ars.*, *bryo.*, *calc. o.*, *canth.*, *carb. v.*, *caust.*, *chin.*, *coni.*, *lyc.*, *merc.*, *nat. m.*, *nux v.*, *phos.*, *plumb.*, *puls.*, *sulph.*

—— SWOLLEN.—*Ars. calc. o.*, *chin.*, *lyc.*, *merc.*, *nat. m.*, *nux v.*, *puls.*, *sulph.*

—— TORPID.—*Calc. o.*, *hydras.*, *lyc.*, *merc. d.*, *nux v.*, *phos.*, *podo.*, *sang.*, *sep.*, *sulph.*

MELÆNA, INTESTINAL.—*Ars.*, *ham.*, *ipéc.*, *merc.*, *nux v.*, *verat. alb.*, *zinc.* (See STOOLS.)

—— with COLICKY PAINS.—*Coloc.*, *ipéc.*, *merc.*, *podo.*

—— — DIARRHŒA.—*Ars.*, *podo.*, *verat. alb.*

—— — GRIPING PAINS.—*Aloe.*, *ipéc.*, *podo.*

—— — TENESMUS.—*Merc.*, *nux v.*

NAUSEA. (See PRECEDENTS.)

NEURALGIA.—*Acon.*, *ars.*, *bell.*, *bryo.*, *caust.*, *chin.*, *coloc.*, *lach.*, *merc.*, *nux v.*, *phos.*, *plumb.*, *puls.*, *rhûs*, *stann.*, *sulph.*, *verat. alb.*, *zinc.*

ŒDEMA.—*Amm. c.*, *ars.*, *bell.*, *bryo.*, *chin.*, *ferr.*, *lyc.*, *merc.*, *phos.*, *plumb.*, *puls.*, *rhûs*, *sulph.* (*apis*).

—— from LOSS OF BLOOD.—*Ars.*, *calc. o.*, *chin.*, *ferr.*, *phos.*, *puls.*, *sulph.*

PAIN IN ABDOMEN.

BURNING.—*Acon.*, *ars.*, *bell.*, *canth.*, *carb. v.*, *lach.*, *merc.*, *nux v.*, *phos.*, *plumb.*, *rhûs*, *sec.*, *verat. alb.*

CRAMP-LIKE.—*Bell.*, *calc. o.*, *chin.*, *coloc.*, *coni.*, *cup.*, *hyos.*, *ipéc.*, *merc.*, *nux v.*, *phos.*, *plumb.*, *podo.*, *puls.*, *sulph.*, *verat. alb.*

CUTTING.—*Acon.*, *ars.*, *bell.*, *canth.*, *coloc.*, *coni.*, *crotal.*, *lach.*, *lyc.*, *merc.*, *nat. m.*, *nit. ac.*, *nux v.*, *petr.*, *puls.*, *sec.*, *verat. alb.*

DRAWING.—*Acon.*, *bry.*, *coloc.*, *lach.*, *lyc.*, *nat. m.*, *nux v.*

GRIPING.—*Bell.*, *calc. o.*, *chin.*, *coloc.*, *ipéc.*, *stann.*, *sulph.*, *zinc.*

STITCHING.—*Bryo.*, *coloc.*, *cup.*, *merc.*, *nit. ac.*, *nux v.*, *phos.*, *puls.*, *sulph.*

VIOLENT.—*Ars.*, *canth.*, *chin.*, *coloc.*, *coni.*, *cup.*, *merc.*, *plumb.* (*nux v.*).

BLOOD: PAIN IN THE BOWELS. (See ABDOMEN.)

- IN THE CHEST.—*Acon.*, arg. n., *arn.*, *ars.*, *bry.*, calc. o., caust., lach., *nux v.*, *phos.*, *rhus*, stann., sulph.
- IN THE LIMBS (lower).—*Arn.*, *ars.*, coloc., ham., lach., *plumb.*, *phos.*, *rhus*, sulph.
- IN THE LIVER, BURNING.—*Acon.*, amm. c., *ars.*, *bryo.*, lach., merc., stann.
- — DRAWING.—*Bryo.*, coni., nat. m., sulph.
- — EXCORIATING.—*Acon.*, amm. c., lyc.
- — STITCHING.—*Carb. v.*, caust., chin., merc., *nux v.*, sulph. (See LIVER.)
- IN THE LOINS.—*Alum.*, amm. c., *arn.*, calc. o., canth., caust., chin., coni., crotal., ferr., kali b., lach., lyc., merc., nat. m., nit. ac., *nux v.*, petr., *phos.*, *puls.*, *rhus*, sulph., verat. alb., zinc.
- IN THE SPINE.—*Acon.*, *ars.*, bell. (gnawing), cact., carb. v., coloc., kali b. (aching), lach., *nux v.* (aching), *plumb.*, sulph. (upward, on stooping), verat. alb. (drawing).
- IN THE SPLEEN, BURNING.—Bell., sec.
 - CRAMPY.—Ferr., stann.
 - DRAWING.—Cup., sulph.
 - STITCHING.—*Arn.*, *bryo.*, carb. v., chin., coni., lach., nat. m., sulph., zinc. (See SPLEEN.)
- IN THE STOMACH, BORING.—*Ars.*
 - BRUISED.—Phyt. (and sore at pit).
 - BURNING.—*Ars.*, *bryo.*, canth., carb. v., cic., lach., merc., *nux v.*, *phos.*, sec., sulph., zinc.
 - — AT PIT.—*Ars.*, *bryo.*, lach., *nux v.*, *phos.*, sulph., verat. alb.
 - CONSTRICTIVE.—Alumin., amm. c., cact., carb. v., caust., *nux v.*, *phos.*, *puls.*, sulph.
 - CONTRACTION (as from).—Bell., *bryo.*, carb. v., coni., kali b., nat. m., *nux v.*, *phos.*, phyt., sulph.
 - — AS IF THE STOMACH WERE GATHERED INTO A BALL.—*Arn.*
 - CUTTING (incisive).—*Arn.*, *ars.*, *bryo.*, coloc. (converging at pit), *plumb.* AT PIT.—*bryo.*, calc. o., phyt.
 - DIGGING.—Sulph. AT PIT.—*Arn.*, *phos.*, sulph.
 - DRAWING.—*Ars.*, *bryo.*, canth., verat. v. (intense).

- BLOOD : PAIN IN THE STOMACH, EXCORIATION (as from).—**Chin., con., *nux v.* AT PIT.—Bryo., con., lach., *nux v.*
- **EXCRUCIATING.**—Acon. (suddenly), *bell.* (come and go).
- **GNAWING.**—Ars., lyc., *nux v.*
- **GRIPING.**—Lyc.—(See CUTTING.)
- **PINCHING.**—Arn., *bryo.*, calc. o., puls. AT PIT.—*Bryo.*, calc. o., ipec.
- **SHOOTING.**—Bell., *bryo.*, calc. o., canth., chin., *caust.*, con., cup., nat. m., phos., puls., *rhus.*, sulph. AT PIT.—Arn., *bryo.*, *caust.*, lach., *nit. ac.*, phos., plumb., puls., *rhus.*, sulph., zinc.
- **SMARTING.**—Stram.
- **SPASMODIC (CRAMPS).**—Arg. n., *bell.*, *bryo.*, calc. o., carb. v., *caust.*, chin., coloc., con., cup., ferr., hyos., lach., nat. m., *nux v.*, petrol., phos. (from stomach to liver), plumb., *puls.*, sec., *sulph.*, zinc. (at pit).
- **SQUEEZING.**—*Rhus.*
- **TEARING (as if torn away).**—Petrol., *rhus.* AT PIT.—Petrol., zinc.
- **TWISTING.**—Alumin., verat. v.
- **ULCERATIVE.**—Arg. n., stann. AT PIT.—Nat. m., *rhus.*
- **VIOLENT.**—Ars., cup., ipec., lach., merc., *phos.*, plumb., sec., stann., verat. alb.

(To be continued.)

PROCEEDINGS OF SOCIETIES.

TWENTY-FIFTH ANNUAL SESSION OF THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA.

THE Twenty-fifth Annual Session of the Homœopathic Medical Society of the State of Pennsylvania was opened at the Homœopathic Hospital, Pittsburgh, September 17th, Dr. W. B. Trites, of Philadelphia, the President, in the chair. After the Rev. Dr. Maxwell had asked the Divine blessing, Dr. Z. T. Miller, on behalf

of the Allegheny County Society, delivered the address of welcome, which was responded to by Dr. Trites, on behalf of the State Society, in a few well-chosen words.

Dr. C. F. Bingaman, the first Vice-President of the Society, then took the chair, while President Trites delivered the Annual Address. This address was of more than ordinary merit, and evinced painstaking care on the part of its author.

The speaker directed the attention of his hearers to twenty-five years ago, at which time this Society was organized. Many of the men who, in 1866, organized the Homœopathic Medical Society of the State of Pennsylvania were men whose names are intimately woven into the history of homœopathy. At that time there was but one homœopathic hospital in the State, that in the city of Pittsburgh, which at that time was but a small institution of thirty-six beds. There was not a single homœopathic hospital in Philadelphia. Now there are three well-equipped institutions in that city. In 1866, forty names constituted the total membership of the Society. Now the members number nearly three hundred.

Next, Dr. Trites spoke in glowing terms of the stand taken by the Hahnemann College of Philadelphia in favor of higher medical education. He expressed as his opinion that our State Medical Society was the grand factor in bringing about all these improvements. These advances have, of course, been made little by little; slow as they have been, they are very noticeable as one looks back through the years. In his consideration of ourselves, the speaker said that our faith in the law of cure was as steadfast as ever, and that it was made so by experience. He urged upon the members of the medical profession the importance of connecting themselves with the Society for the good of our cause. The whole profession reaped the benefit of the work done by our Society. It was the duty of all, therefore, to participate in that work. He pitied the man who reaped that which he did not sow.

In feeling terms the deaths of several members were referred to. The death of Dr. J. K. Lee called for comment on the work done by the branch dispensary of the Hahnemann Dispensary of Philadelphia, in Johnstown.

The lesson which the speaker drew from the establishment of this dispensary was the importance of homœopaths urging upon the Red Cross Society to place homœopathic physicians on their staffs, that they might provide such people as desire the treatment of the same with their services.

The statistics respecting the insane asylums of the State, as presented by Dr. Pitcairn one year ago, were recalled, and the Society urged to take measures looking to the establishment of an insane asylum in the State of Pennsylvania, under exclusive homœopathic control.

Some legal control of medical education, the speaker said, was necessary, for there were many colleges all over the country which were graduating students on very short and very few courses of lectures. Those colleges which required the shortest collegiate years of study were those which also required the fewest years. If it requires on the part of one of the standard medical colleges three years of study, or lectures of thirty-six weeks each, how can the inferior institutions be expected to perfect students in two short courses of fifteen weeks each? It was the duty of the State to protect the public from the ignorant men thus foisted upon them. Dr. Trites then reviewed the laws regulating medical practice. The present State law he did not regard as effectual, as it did not inquire into the ability of the holder of the diploma. The bills providing for the establishment of State boards of medical examiners then received the speaker's attention. He expressed himself as strongly in favor of these bills, but not as recommended by the American Medical Association, where the majority of the examining board should consist of allopathic physicians. He would urge the establishment of examining boards.

but said that our school should insist upon it that in case of the passage of a law providing for but one board that we have equal representation on the same, or that separate boards for each of the schools of medicine be appointed. Our graduates would not be safe if they were obliged to appear before a board of allopathic physicians for examination. The recent legislative fight was then reviewed.

This closed the address. On motion of Dr. Clarence Bartlett, Dr. Trites was thanked for his able address. The address was then referred to a special committee consisting of Drs. Clarence Bartlett, Jos. E. Jones, Aug. Korndörfer, W. J. Martin, and J. F. Cooper.

A telegram from Dr. H. M. Dayfoot, President of the New York State Society, meeting at the same time in Rochester, extending greetings to the Pennsylvania Society was then read. Dr. Trites was directed to send our greetings to our sister society, and to extend to the Rochester homœopaths our congratulations on the completion of their new hospital.

Drs. Samuel Starr and Harriet J. Sartain were appointed members of the Board of Censors, *vice* Drs. Shannon and Coe, absent.

The Treasurer, Dr. J. F. Cooper, presented his report showing that the Society now had an indebtedness of \$348.47. This indebtedness was due to the publication of the repertory, the assessments for which had not paid its expenses.

The reports of the Corresponding Secretary, and the Committees on Publication, Subscription, and Organization, Registration and Statistics were presented and accepted.

Dr. Isaac Cooper, of Trenton, who was present as the representative of the New Jersey State Society, was invited to participate in the deliberations of the Society.

The report of the Committee on Legislation was presented by Dr. Hugh Pitcairn. It recommended that the committee for 1890 prepare a statement of the results obtained by asylum treatment in this State and elsewhere, and comparisons of the same made with the results obtained by the homœopathic asylums now in existence; that the statistics thus obtained be used before the legislature in the securing of an insane asylum under homœopathic control.

The Censors then recommended the following physicians for membership in the Society: Drs. S. C. Ross, F. M. Eaton, Chas Gangloff, G. M. Hoover, Carl V. Vischer and Pearl Starr.

Drs. Hugh Pitcairn, W. J. Martin, and Z. T. Miller were appointed an auditing committee.

Dr. J. Richey Horner then presented his report as Necrologist of the Society.

He first called attention to the death of Dr. W. R. Childs, who was one of the original members who aided in the formation of the Society in 1866. Since the beginning he was always represented at the meetings by his work, his paper on "Surgical Cases" coming regularly each year. He was also an energetic worker in the Allegheny County Society and the Anatomical Society of Pittsburgh. Dr. Horner paid a glowing tribute to Dr. Child's ability as a surgeon, saying that his operations were performed with a care and deliberation that assured success wherever success was possible. As a teacher in the Pittsburgh Hospital Training School for Nurses his services were simply invaluable.

Others whose deaths were reported by Dr. Horner, were Drs. Newton May, E. Reading, H. Noah Martin, and J. B. Wood.

On motion, Dr. Horner's report was referred to a committee to draft a suitable minute commemorative of the deceased.

The Auditing Committee then reported that the Treasurer's accounts had been examined and that the same had been found correct.

The Bureau of Sanitary Science failed to present a report. Dr. J. F. Cooper, of Allegheny, was appointed chairman of this bureau for the coming year. The Society then adjourned until afternoon.

AFTERNOON SESSION.—The report of the Bureau of Clinical Medicine was first called for. In the absence of the chairman, Dr. W. C. Goodno, Dr. E. C. Parsons, of Meadville, presented the report. The first paper read was that of the President, Dr. W. B. Trites. Its title was "Herpes Zoster."

The author reported several cases of this disease occurring in his practice. The first one was that of a young man, aged 22 years, who suffered from the disease on the forearms and hands. This case, the speaker thought, was of special interest in view of the statement made by Bramwell, that herpes zoster never made its appearance on the hands or feet. The second case reported was one of herpes frontalis. It derived its chief interest from its obstinate character, the case not yet having made a recovery, although eighteen months had elapsed since the beginning of the disease. The other cases presented no unusual character except that they all came under treatment at about the same time. This suggested to the author that atmospheric causes might play an important part in the etiology of the affection. The remedies recommended were rhus, ranunculus, mezereum, and carboneum oxygen.

DR. AUG. KORNDORFER, at the request of the President, opened the discussion. He said that he had had but little difficulty in relieving these cases. He had had no case to last more than three weeks. His remedies have been rhus, mezereum and occasionally, staphysagria and rhododendron, as well as ranunculus. He rarely used these remedies as low as the second decimal potency. In most of these eruptive diseases, we are too apt to get an aggravation from the use of too low potencies. While the eruptive disorder is apt to be more quickly cured by them in zoster, still they are more

apt to be followed by the well-known neuralgia. This neuralgia subsequent to herpes zoster, he had found to be the result of efforts to get rid of the local condition too rapidly, together with exposure to wet, before the neuralgic pains have entirely ceased. He never allowed his patients with zoster to bathe beyond taking a sponge bath. He never applied anything locally except corn-starch or rye-meal.

DR. E. R. SNADER recalled one case in which the neuralgia appeared before the herpes, and asked if that was very unusual.

DR. KORNDORFER said that the neuralgia sometimes preceded and sometimes followed the eruption.

DR. W. G. DIETZ said that he had treated about a dozen cases of herpes zoster, and almost invariably the neuralgia had preceded the eruption. In addition to the remedies mentioned by Dr. Trites, he called attention to croton tiglium, which he prescribed on the symptoms, closely placed vesicles and sensitiveness of the surface. He never used it below the thirtieth potency, and he had never seen a case that did not yield to that remedy alone.

DR. CHARLES MOHR said that he had used ranunculus bulbosus in zoster with success.

DR. H. E. KISTLER, in response to a request of Dr. Mohr, said that he had treated a number of cases of this disease at Johnstown. The ultimate results of the cases he did not know. The remedies he had used were rhus, mezereum and mercurius.

DR. M. J. BUCK said most of the cases of zoster occurring in his practice involved the intercostal nerves. His cases all recovered promptly. He had had no occasion to use any other remedy than rhus.

DR. E. C. PARSONS said that in one case of zoster under his treatment, the pains were of a stinging character. Apis was here prescribed with success.

DR. TRITES, in closing the discussion, remarked that herpes frontalis was more apt to be followed by severe and obstinate neuralgia than any other form of zoster. In such cases we should be very guarded in giving a prognosis.

DR. G. MAXWELL CHRISTINE, of Philadelphia, read his paper on the "Medical Profession vs. Criminal Abortion." The author took decided ground in favor of the medical profession arraying itself in an unqualified manner against criminal abortion, which he regarded as a most heinous crime, one that sapped the very foundation of society. He pointed out the fact that the punishment for the crime

of abortion was not in keeping with the gravity of the offence. As a remedy for the correction of the evil, the doctor suggested that a law be enacted requiring physicians to report all cases of abortion as they would report contagious diseases.

DR. TRITES said that the remedy recommended by Dr. Christine was a most excellent one. The privacy with which this crime could be committed would then be done away with.

DR. B. F. BETTS said that it was the custom of many physicians in Philadelphia to report all such cases to the coroner as a matter of self-protection. Should one preserve silence respecting these cases, he is apt to lay himself open to the suspicion of being an aider or abettor of the criminal. The coroner only instituted investigations in these cases when death ensued. Why he did not do so when death did not follow the operation was a puzzle to the speaker. In attending such cases the medical profession should afford the officers of the law every facility in the performance of their duties.

DR. E. R. SNADER read a paper entitled "The Significance of a Red Line along the Gums as a Sign of Phthisis." (This paper will appear in a subsequent number of the *HAHNEMANNIAN*.) No remarks were made on Dr. Snader's paper beyond the one by Dr. T. M. Johnson, of Pittston, Pa., who referred to the accumulation of tartar on the teeth as a cause of the red line.

DR. CLARENCE BARTLETT read his paper on "Forms of Œdema not Dependent upon Disease of the Heart, Liver or Kidneys." (This paper will appear in full hereafter.) The discussion thereon was opened by Dr. Charles Mohr, who, in order to show how careful all must be in prognosticating a case of localized œdema, reported a case that came under his care. The patient was a gentleman stopping temporarily in a western city who was taken with severe headache followed by an attack of semi-unconsciousness, but not of long duration. Then great dyspnœa appeared, leading to the supposition that heart or lung disease was present. An unfavorable prognosis was given, and the patient sent home to Philadelphia to die. Dr. Mohr was consulted in the case at the suggestion of Dr. Charles M. Thomas. He found the patient suffering from severe dyspnœa which compelled him to sit up in order to breathe. He also had marked dropsy of the lower extremities. A physical examination of the chest showed the thoracic organs to be perfectly healthy. The urine was normal. The liver likewise was normal. He was utterly unable to tolerate the pressure of anything at all snug around his neck. Lachesis was first prescribed. The great œdema of the lower extremi-

ties, the speaker thought, was due to the position which the man had maintained for a number of months. Later by a process of exclusion he decided that the localized œdema was independent of organic disease. He then forced the man to believe that he could lie down and breathe as others could, and that if he would take the medicine regularly, he would be more comfortable. A placebo was prescribed, and he spent several hours in bed that night. Next night he remained in bed still longer, and so on, each night showing an improvement. In four weeks' time his symptoms had all disappeared. It was utterly impossible to say whether or not there was any brain disease present. Two years later that man had a stroke of apoplexy and died in a few hours. At the autopsy only the examination of the thoracic and abdominal organs was permitted, and these were found to be healthy.

DR. HARRIET J. SARTAIN, of Philadelphia, spoke of the case of a little boy whom she had treated years ago, who frequently arose in the morning with œdema of the upper lip. Having no other symptoms on which to prescribe, bovista was administered and cured the case.

DR. W. G. DIETZ described a case that he had seen in his early days, when he was an assistant physician in the German army. A soldier was brought into the military hospital with complete œdema of the entire body. An examination of the urine gave negative results so far as albumin was concerned. It had, however, a high specific gravity, 1025, and was deep in color. The temperature of the body was 38° C. He continued in this condition for several days, when optic neuritis appeared. Amaurosis set in; still there was no trace of albumin in the urine. He was treated by quinine and hot baths. The febrile movement subsided in four or five days, when the temperature became subnormal, and sank to 36° C. From this time his dyspnoea moderated, although it was always present. His sight grew worse. It was not until two months after the appearance of the initial symptoms that albuminuria appeared. In six months time he died from uræmia. In all cases of œdema we should make repeated examinations of the urine. We have many cases of kidney disease in which the urine shows no traces of albumin.

DR. W. J. MARTIN then presented a report of some cases treated by him.

The first case reported by the doctor was that of a woman who was taken suddenly with an uterine hæmorrhage, the blood being bright red and fluid. It came on at the time of lifting a bucket, and was attended with a sensation as if something had given way within her. The symptoms were: Uterine

hæmorrhage caused by severe strain ; flow of bright red or fluid blood. Cinnamon was prescribed, 10 drops in a half glassful of water, and a teaspoonful given every hour. In one day the improvement was manifest, and in two days she was well.

The speaker next reported two cases of hæmatemesis. The first one was that of a gentleman who was taken suddenly with vomiting of large black lumps of blood, with constant nausea. Ipecac 200 stopped the nausea; then diarrhœa set in, which was aggravated by drinking cold water. His illness was due to excessive use of whiskey. Arsenic 12 cured in a few days.

The second case was similar to the last, except that the patient exhibited no anxiety over his serious condition. Hamamelis cured. The paper closed with an earnest plea in favor of symptomatic prescribing as against pathological.

DR. AUG. KORNDØRFER said that it gave him pleasure to agree with the reader of the last paper. One of the mistakes made by members of our school was to be led away by physiological medicine, and to indulge in pathological prescribing. Pathological study is only of use to us in enabling us to judge of the relative importance of symptoms, and only that. They aid us in the selection of the symptoms that are characteristic in the patient. We should endeavor also to prescribe those drugs that suit the pathology of the case, but he who prescribes for pathology alone, prescribes in error. In closing his remarks, Dr. Korndørfer referred to carbo veg. as a remedy for griping, colicky pains, aggravated by drinking ice-water, but attended with constipation.

DR. E. C. PARSONS, of Meadville, read his paper on "Typho-Malarial Fever, with a Report of Cases in which Kali Phos. was indicated."

DR. CHARLES MOHR then read the paper by Dr. W. C. Goodno, on "Diseases Incident to New Mexico."

The following papers were read by title, after which the Society adjourned: "Enlargement of the Liver," by John C. Morgan, M.D.; "A Clinical Study of Miliary Tuberculosis," by W. W. Van Baun, M.D., and "A Novel Method of Arresting the Struggles of Mania-Potu Patients," by W. A. Haman, M.D.

EVENING SESSION.—The report of the Bureau of Surgery was the order for the evening. In the absence of the chairman, Dr. J. H. McClelland, Dr. John E. James presented the bureau report. The first paper read was by himself, owing to the fact that the authors of the other papers had not arrived. He reported a case in brain surgery.

The patient was a young man who, at the age of ten years, fell and struck on his head, crushing in the skull. He remained unconscious for nearly a week. After a long and tedious illness he recovered; there remained, however, a deep depression at the seat of the fracture; no symptoms therefrom

appeared until thirteen years afterwards, at which time the young man had a sunstroke. Shortly after that he had an attack of convulsive disorder, the exact nature of which was not diagnosed. He afterwards had other attacks, which were diagnosed as epilepsy. All these convulsions occurred at night; they increased greatly in frequency. During the past few years he grew very irritable, so that it was with the greatest difficulty that his family could manage him. In September, 1888, he first came under the speaker's treatment. An examination elicited the history above mentioned. It was also learned that prior to the sunstroke he had occasional attacks simulating *petit mal*, and which at the time were supposed to be the result of some stomach disorder, but no observations of spasms. Still there were mornings on rising when he felt unusually heavy. There were no symptoms indicative of direct irritation or pressure. No paralysis was observable. He was utterly hopeless of his condition, and had frequently threatened suicide and twice attempted it. The removal of the depressed piece of bone was gladly consented to by the patient. On November 11th, with the assistance of Drs. C. M. Thomas, W. B. Van Lennep and J. W. Giles, the operation was performed. The piece of bone removed was probably two inches long and one and a half inches wide; as it was lifted up there escaped probably a couple of ounces of serum. This was found to come from a cyst immediately beneath the seat of the old injury. A further examination revealed the presence of a small spicule of bone towards the median side of the opening, and apparently dipping deep into the brain substance. This they unfortunately decided to remove. As it was lifted out there appeared the most profuse hæmorrhage that any of those present had ever seen. The longitudinal sinus had been opened. The wound was stopped with the finger, and various means for plugging it were tried. Nothing seemed to do any good but a sponge, which was jammed into the opening. The operation wound was dressed, and the family told that the patient must necessarily die. In the evening he was conscious and quite comfortable, and, on the following day, the outside of the wound was re-dressed. On the fourth day there was a rise in the temperature to $103\frac{1}{2}^{\circ}$; then the whole dressing was removed. The sponge was lifted from its position, and a profuse hæmorrhage followed immediately; it was therefore replaced. Three days later another attempt at removal of the sponge was made, at the suggestion of Dr. Thomas; this also was of no use. Finally it was decided to remove the sponge little by little. After six or seven cuttings it was found that little granulations were springing up in the sponge. Then the operation was stopped. In four days time there was no sponge left, as the remainder was absorbed. The man made a good recovery. He had no return of the convulsions for six months, and then he had an attack, followed by two others at intervals of three months. Each attack had an apparent cause. His mental condition was greatly improved, and has remained so. The patient says that he has a sensation as of something moving under the cicatrix. Dr. James believed that the renewal of the convulsions was due to the reformation of the cyst, and proposed to make another operation for its radical cure.

DR. W. G. DIETZ related the case of a young man who, when a boy, was struck on the head by some blunt instrument and became unconscious, and remained so for several days; he recovered, however. He remained well for three years, after which time he had epileptic convulsions; his mental faculties became more and more disordered, until he was almost imbecile. Remedies did no good for this case.

DR. JAMES, replying to a question by Dr. M. J. Buck, said that the sponge used in plugging the wound in the sinus was not treated by antiseptics, but had simply been thoroughly cleaned by distilled water.

DR. W. B. VAN LENNEP congratulated Dr. James on the successful outcome of his case. He did not think that Dr. James had begun to describe the severity of the hæmorrhage that ensued. It could only be compared to water pouring out of a hydrant. The use of the sponge in the case is very interesting, especially so in view of studies recently made with decalcified bone grafts. Sponge grafts have been used for years; many of the failures resulting therefrom have, of course, been due to the fact that the sponge used was dirty. He then referred to the recent experiments of Dr. Nicholas Senn on grafts with decalcified bone.

DR. AUG. KORNDORFER suggested fluoric acid as a suitable remedy in Dr. James's case. It has that symptom so characteristic in the case—vehement, angry, particularly with those most loved. It is also useful in cystic growths and bone diseases.

DR. T. M. JOHNSON reported a case of injury to the brain with cranial fracture, in which the bone fragments dipped deep down into the brain substance. These pieces were removed, and loose portions of the brain tissue taken away. The patient recovered very nicely, but has since suffered from epileptic convulsions, which he has treated, thus far, without avail. He asked Dr. Van Lennep if it was possible by means of Senn's method of bone grafts to fill in old openings in the skull, as in the case just reported.

DR. VAN LENNEP replied that an answer to Dr. Johnson's question must be purely theoretical, as Dr. Senn's experiments were limited to the filling of openings in the skull freshly made. He thought the attempt to fill in old openings might be successful, but it seemed to him that it would be necessary to freshen the edges of the bone, as in operations of a similar character on the soft parts.

DR. JNO. B. MCCLELLAND asked Dr. James if he had ever observed any ill effects from the use of iodoform.

DR. JAMES replied that he had seen one case of iodoform intoxication in which the drug had been used to excess, but he had never observed any deleterious results in cases of fresh wounds. He looked upon it as the best stimulator of fresh granulations.

DR. MCCLELLAND observed that he had seen two cases in which an erysipelatous condition followed the use of iodoform.

DR. W. B. VAN LENNEP then read his paper entitled "Experiments in Intestinal Sutures." (This paper will be found in full on page 616.)

DR. M. J. BUCK, opening the discussion on Dr. Van Lennep's paper, observed that he had made one experiment with Abbe's

rings. The case was successful in that the cat got well, but it ran away before he had an opportunity of killing it and making a post-mortem examination.

DR. JNO. E. JAMES spoke in commendation of Dr. Van Lennep's paper, saying that it represented the kind of work that should be presented by the members of the Society. The homœopathic school was no longer fighting for its life; its members could therefore devote some of their time to the study of such subjects as had received the essayist's attention. He further said that end-to-end union was the best, when obtainable. He then offered a suggestion, which he said was as yet but theoretical. This was the use of pieces of thin rubber sheeting in the sutures in much the same manner as the small pieces of leather are applied to the head of tacks.

DR. M. J. BUCK then reported a case of suprapubic lithotomy. The stone removed was of the oxalate of lime variety, and weighed five hundred grains. There were also four smaller calculi, the combined weight of which amounted to one hundred and seventy-five grains. The patient did very well for two weeks after the operation. Then serious symptoms set in. He finally died six weeks after the operation. The post-mortem examination revealed a very much contracted bladder with walls three-quarters of an inch in thickness, with the mucous membrane corrugated and ulcerated. Several other small calculi were found imbedded in the walls of the bladder. The middle lobe of the prostate was very much enlarged, and projected over the mouth of the urethra. The author, in closing, directed particular attention to the fact that the case was not diagnosable by the ordinary method of sounding, the calculus not having been recognized until he had inserted his finger in the rectum and pressed forcibly against the prostate and neck of the bladder.

DR. JOS. E. JONES opened the discussion, and spoke in praise of the high operation for stone, saying that it was the most perfect cutting operation we have. It was a delicate manipulation, while the other operation was harsh and uncertain. By the suprapubic operation, the operator can see the parts; in the perineal, he is operating in the dark.

DR. W. B. VAN LENNEP said that four or five years ago, when Dr. Thomas reported his cases of suprapubic lithotomy, he had had but one case to report, and that one ended in death. Since then he had had his share of cases of stone in the bladder. He could cordially endorse all that Dr. Jones had just said. The suprapubic is the ideal operation. At the same time we must

not be carried away in our enthusiasm. Bigelow's operation should be given the preference in certain cases. Another point to be borne in mind, in cases of suprapubic lithotomy, is the aid that can be derived from Trendelenberg's position, a position in which the limbs are thrown over the shoulders of an assistant and the hips thus elevated. Dr. Van Lennep then cited a case in which he operated, and in which he found the whole of the bladder coated with phosphatic crusts. With the fingernail and dull spoon this incrustation was scraped off. Had this been done by the suprapubic operation he would have been certain that every fragment was removed. The question of suture of the bladder walls, after suprapubic lithotomy, is an interesting one. If there is ammoniacal urine, or any condition that favors the formation of abscess, we should not unite them. In a young patient, with urine that is not putrid, it is better to introduce the sutures. The stitch advocated by the speaker for the purpose was the Zesas stitch. After suturing, water should be injected into the bladder in order to determine if the bladder was watertight.

DR. M. J. BUCK asked if Dr. Van Lennep had ever had a case of encysted calculus.

DR. VAN LENNEP replied that he had seen but one case, and that one was in the practice of Dr. J. E. James. He had had one case in which there was a pouch between the orifices of the ureters, and the stone was in this.

DR. JAMES said that the stone in the case referred to was completely encysted. He had had another case in which the stone was partially encysted.

DR. R. W. McCLELLAND then presented a verbal report of two cases of osteotomy. The Society then adjourned until the following morning.

SECOND DAY.

MORNING SESSION.—The Bureau of Gynæcology presented its report through the Chairman, Dr. B. F. Betts. The first paper read was by Dr. Charles Mohr on the "Curability of Ovarian Tumors with Medicines." The author reported two cases of ovarian tumor which disappeared during a course of medication. The discussion

on the paper was opened by Dr. B. F. Betts, who remarked that he was glad that Dr. Mohr did not say that all ovarian tumors are curable by medicines, and was guarded in giving the credit of the cure to the remedies in the cases he reported. In the first case the speaker was of the opinion that the cyst was cured by the injury, which probably caused its rupture. He then reported a case in which he operated after rupture of an ovarian cyst, in a patient well advanced in pregnancy, and with fatal result. In Dr. Mohr's second case, it is barely possible that the peritoneal inflammation may have had some influence in cutting off the circulation to the cyst, and thus cured it. Ordinarily, however, the adhesions formed after the inflammation serve only to increase the nutrition of the tumor, and cause it to grow more rapidly. While our remedies will cure some of these cases, they cannot be expected to cure all.

DR. JOS. E. JONES said that he had several cases of ovarian tumor that had disappeared under the action of remedies. The remedies used by him according to indications were arsenicum, apis and calcarea.

DR. J. S. SKEELS reported the case of a lady aged 45, with fibroid tumor in which phosphate of magnesium cured.

DR. H. J. SARTAIN remarked that while she had seen many tumors of small size disappear under treatment, she did not think it was possible to cure those of large size.

DR. MOHR said that cases diagnosed by skilled specialists of both schools had recovered during a course of internal medication. He recalled cases mentioned in our literature cured by colocynth, calcarea and hepar. He then narrated the history of cases in which the tumor disappeared during a course of medicinal treatment by an eminent old-school specialist, who, by the way, claimed that he cured that case with medicines. If the old school can make such claims, we certainly could do so. Then again, if ovarian tumors can disappear spontaneously under the influence of a change in the vital forces, why cannot they not be made to disappear by means of medicines.

DR. J. C. BURGHER mentioned iodide of lime as a possible remedy in the treatment of ovarian tumor.

DR. W. G. DIETZ spoke of a case of ovarian tumor in which the tumor disappeared during pregnancy.

DR. B. F. BETTS then read his paper on "The Application and Care of Pessaries."

At this point, Dr. R. B. Rush, of Salem, Ohio, was announced as

being present. The doctor was introduced to the Society, and invited to participate in the deliberations.

DR. C. P. SEIP thought that Dr. Betts had written on a most important and interesting subject. He said that Prof. Betts struck the keynote of the subject when he said that the patient should first be gotten into the condition in which she could use a pessary before the pessary should be applied. The pessaries sold in the shop would not by any means always fit the cases. They often have to be warmed and moulded into proper shape and size.

DR. J. S. SKEELS advocated the cure of malpositions by posture.

DR. H. J. SARTAIN expressed herself as opposed to pessaries as a rule. By the time she got into a condition for the use of the pessary, she did not need one.

DR. M. S. WILLIAMSON said that just as the surgeon applied or fitted a splint to each individual case of fracture, so the gynæcologist should adapt each pessary to the case in point. He did not believe that women should be instructed how to withdraw the pessary. That work should be left entirely with the physician. He was opposed to douching in these cases. If the pessary caused any irritation, he suggested the use of wool in its place.

DR. AUG. KORNDØRFER advocated the treatment of malpositions by posture, the patient being placed in the semi-prone position, and directed to insert a speculum. This would admit air to the vagina, and gravity would carry the viscera upwards.

DR. JOS. E. JONES said that he had been accustomed to recommend a procedure similar to that of Dr. Korndørfær. He advised the use of the patient's fingers for separating the walls of the vagina.

DR. KORNDØRFER did not think that in weakly women the fingers were strong enough to counteract the action of a strong vaginal sphincter.

DR. C. P. SEIP said that while he did not think that every case required a pessary, still he thought their proper application was justifiable, and that there are cases that cannot be treated without a pessary. There are cases in which there appears on the posterior wall of the uterus the products of inflammation, giving rise to the impression of a displacement. Now the preparatory treatment of these cases results in their cure, and they are set down as cases of retroflexion cured without the application of a pessary. Speaking of Molesworth's repozitor, Dr. Seip said that he had used it but once. Schultze claims that it is possible to reduce all flexions by the use of the unaided finger.

DR. KORNDØRFER, replying to a question from Dr. Z. T. Miller,

said that he had the patient assume the position recommended twice daily, for one minute at a time.

DR. W. H. HOLSBERG said that he had used Molesworth's reposit-
tor, and the steel rod had perforated the rubber at the end during the
operation, a thing that the inventor of the apparatus had claimed was
impossible.

DR. BETTS, in closing the discussion, said that he likewise had cured
some cases during the course of preparatory treatment, but there were
still cases in which the use of a pessary was absolutely necessary.

The report of the Bureau of Materia Medica was next presented,
Dr. J. C. Guernsey presiding. The reports of the committee having
in charge the preparation of the repertory were presented, after which
Dr. Guernsey read his own paper on "Symptoms Suggesting the Use
of *Nux Vomica*."

The Board of Censors then reported favorably on the applications
of Drs. J. W. Coolidge, C. S. Schwenk, E. H. Morrow, and H. K.
Hoy for membership in the Society. These gentlemen were therefore
elected.

DR. CHARLES MOHR read a paper by Dr. Richard Hughes, of
Brighton, England, "On the Provings of *Natrum Mur.*" Dr. Mohr
then presented some provings made under his supervision.

The discussion was opened by Dr. Charles Mohr, who told of a
case of what he called normal delayed menstruation. The patient
menstruated every calendar month, instead of every lunar month.
She is a literary woman, writing twelve hours out of the twenty-
four. Occasionally she becomes irregular, when she suffers from the
form of headache described by Dr. Guernsey, which is always re-
lieved by a few doses of *nux vomica*. Whenever she takes *nux*
vomica the menses come on several days ahead of time.

DR. W. G. DIETZ reported that he had repeatedly used *nux*
vomica to regulate the menstrual function in cases in which the flow
was premature and too profuse.

On motion of Dr. Guernsey a telegram was sent to Dr. C. G. Raue,
offering the Society's sympathy in his illness, and expressing their
wishes for his early recovery.

The Bureau of Obstetrics reported through Dr. C. F. Bingaman.
The first paper was by Dr. T. M. Johnson, who reported a case of
placenta prævia. The patient was 22 years of age; the implanta-
tion of the placenta was central. It was treated by forcing an open-
ing through the placenta, draining off the amniotic fluid. It was a
vertex presentation. Turning was not performed. The delivery was

accomplished without an accident. The mother, though very weak from loss of blood, did very well.

DR. E. N. LEAKE reported a case of placenta prævia that he had treated by tamponing. The hæmorrhage at the time of labor was great. It was treated then by perforation of the placenta, version and rapid delivery. The child was dead. The mother did well.

DR. W. B. TRITES described a case which he, with Dr. J. N. Mitchell in consultation, had treated. The cervix was dilated with Barnes's dilators. After removing the bags, the presenting portion of the placenta was torn away, the feet seized, and delivery accomplished. Mother and child were both saved. The hæmorrhage was terrific.

DR. W. G. DIETZ had had two cases of placenta prævia. One was a central implantation. The hæmorrhages persisted despite tamponing. After dilating with Barnes's bags, he perforated the placenta, pulled the feet down, and delivered. Pelvic peritonitis set in three days afterwards, and recovery was tedious. The child was dead. The mother in the second case recovered very nicely.

DR. VAN ARTSDALEN reported a case of placenta prævia that died.

DR. B. F. BETTS said that the recital of these cases raised the question whether the physician was justified in waiting for full term. In the case of hæmorrhage at the sixth or seventh month, we almost invariably despair of the life of the child. After the seventh month the chances of the child are as good, if not better, than at full term. In favor of premature delivery we have great saving to the mother of loss of blood, and we have at our disposal the controlling of the patient until she is out of danger. It often happens that the copious hæmorrhage sets in when the physician is away, and before he can be called the patient dies.

DR. AUG. KORNDORFER agreed with Dr. Betts's remarks concerning the advisability of inducing premature delivery in cases of placenta prævia. He had had but one case that was severe enough to be treated by premature delivery. It was treated by peeling the placenta off on the side of least attachment, and delivery with the aid of the forceps. Hæmorrhage came on, and could only be controlled by manual pressure. Remedies were unavailing. Ergot was given in physiological doses with like result. After giving the patient some nourishment in the shape of bovine in small doses at short intervals, uterine contractions came on.

DR. GEORGE M. GETZE reported a case of right lateral placenta prævia. It was followed by puerperal fever.

DR. J. R. HOLCOMBE said that he had three cases of placenta prævia, all coming under observation at the eighth month. All ended in death to the child and in recovery of the mother. The first case was delivered by turning; the second by rupture of the membranes, when strong uterine contractions set in, and speedy spontaneous delivery of the child followed. The third case was treated by dilatation of the cervix with Barnes's bags, perforation of the membranes, turning and rapid delivery.

DR. TRITES agreed with Dr. Holcombe that dilatation by Barnes's bags was the treatment. It is a form of dilatation that is not apt to be followed by inflammation. It is also a valuable means for controlling hæmorrhage, as it seals the cervix much better than does a tampon.

DR. J. S. SKEELS read a few remarks on the "Inertia of the Uterus." Other papers presented were: "Anomalous Utero-placental Hæmorrhage," by Dr. Eliza Pettingill; "Hydrorrhœa Gravidarum," by Dr. Sarah J. Coe; and "Is Aseptic and Antiseptic Treatment Justifiable in the Treatment of Obstetrical Cases by a Homœopathist?" by Dr. J. N. Mitchell.

DR. JOSEPH E. JONES, as Chairman of the Bureau of Ophthalmology, Otology and Laryngology, presented the report of that bureau. The first paper read was that by Dr. H. F. Ivins on "Habitual Mouth-Breathing." The author recommended as a remedy the wearing of a plate between the lips and teeth in such a manner as to prevent the passage of much air through the mouth. The best form of plate is one made of celluloid. In more than one instance the writer had seen the use of the plate followed by gradual recession of the upper teeth, apparent lengthening of the upper lip, changed expression, regained elasticity of the *alæ nasi*, brightening of the clouded intellect, improved general health.

DR. CLARENCE BARTLETT then read the paper by Dr. W. H. Bigler entitled "The Importance of the Proper Adjustment of Well-Selected Glasses." Dr. Jones read the paper by Dr. H. H. Crippen, of San Diego, Cal., on the "Importance of Estimating the Position of the Field of Relative Accommodation in Convergent Strabismus." "Care of the Eyes in the Newly Born," by Dr. F. W. Messerve, was read by title. This was followed by Dr. Jones's paper "What Should be the Shape of the First Presbyopic Glasses?" The author advocated glasses of smaller size than those ordinarily used in cases

of presbyopia. He advised that lenses be ordered one-third of the usual size, flat on top, a half-oval, small as can be worn, namely, in the vertical diameter not over a half inch, and the horizontal one, not over three-quarters of an inch. This closed the report of the bureau.

DR. J. RICHEY HORNER then read the paper presented by the Allegheny County Society, consisting of a *résumé* of the papers and discussions of the Society for the past year.

DR. F. P. WILCOX, of Youngstown, Ohio, who had been unable to attend the Bureau of Surgery on the evening before, owing to the train on which he arrived being late, presented a paper on "A Simple Operation for Cleft Palate." The device suggested by the author, and the one used in the case reported, was that of serrating the edge of the incision, and mitring the edges thus made together. This closed the proceedings of the afternoon.

THIRD DAY.

MORNING SESSION.—The Bureau of Pædology reported through its Chairman, Dr. J. Richey Horner.

DR. CHARLES A. WILSON reported "A Case of Epilepsy." The patient was a boy of 7 years, who, at the age of 3, sustained a severe burn on the epigastrium. The convulsions occurred daily. The boy presented an inordinate appetite. He also had a most remarkable craving for tobacco, going to any extent to secure the article. To control his appetite, a pad was securely fastened over his stomach. *Nux vomica* 1x and afterwards *oenanthe* 3x were prescribed. The convulsions gradually decreased in frequency, until now he has not had one for over a year. He still has the craving for tobacco.

DR. CHARLES MOHR suggested *plantago major* as a remedy that might remove this craving.

DR. KORNDERFER referred to iodine as a remedy, having inordinate hunger.

DR. A. P. BOWIE thought that graphites, owing to its effect on cicatricial tissue, would benefit the case reported.

DR. J. RICHEY HORNER then presented a paper on the "Care of the Deciduous Teeth," by W. A. Lee, D.D.S. The author insisted strongly on the family physician watching the development of the deciduous teeth. Disorders of these teeth have a marked effect on

the general health of the child, as they have on the permanent teeth. In case the deciduous teeth decay, the pulp should be killed, and the cavity filled with a soft filling of gutta percha. He said that it was the province of the physician to see that these measures are carried out. If this were done, we would have less stomach trouble and of the whole digestive tract.

DR. CHARLES MOHR expressed great pleasure at hearing Dr. Lee's paper. He agreed most heartily with its teachings.

DR. JOHN COOPER read a paper on "Enuresis," the discussion on which was opened by Dr. J. C. Burgher, who remarked that he did not see that bathing with sea salt was any more efficacious than bathing with any other kind of salt.

DR. W. J. MARTIN said that it was his experience that sulphur would cure nearly all cases of enuresis in children. This was a suggestion that he obtained from reading Jahr, when beginning practice. The efficacy of the drug probably rests on the trouble being due to a psoric diathesis. He had also used causticum and other remedies with good results.

DR. J. S. RANKIN reported a case which he had cured after the failure of other remedies, with *pix Canadensis*.

DR. CHARLES MOHR said that he had done more good work with sulphur in these cases than with any other remedy.

DR. H. K. HOY reported a case in a young man that he cured with belladonna.

DR. J. H. SANDEL reported a good result from *nux vomica*, and Dr. C. A. Yocum one from causticum.

DR. Z. T. MILLER was glad to hear that the members reporting cases did not use the one remedy exclusively. They individualized their cases. He reported a case cured by *pulsatilla* 200, the trouble being worse at the menstrual period.

DR. J. C. GUERNSEY said that he had cured one obstinate case with chloral 30, on indications found in *Lilienthal's Therapeutics*.

DR. J. S. RANKIN said that he had used chloral in larger doses, as recommended by old-school authorities, and failed utterly.

DR. D. R. HARRIS told of a case that he had treated for a long time, giving many remedies, and obtaining no results. The boy finally changed his residence and his drinking water, and a prompt spontaneous recovery followed.

DR. Z. T. MILLER said that there were cases in which symptoms were absent. Then one should look around among other members

of the family to detect any constitutional peculiarities that might exist.

DR. C. H. LEE recommended the placing of a rubber ball over the small of the back and kept *in situ* by a towel at night on going to bed.

DR. G. E. GRAMM's paper was read by title.

DR. THOMAS READING then read his paper on "Morbus Coxarius." In the discussion that followed, peroxide of hydrogen was recommended as a valuable antiseptic by Drs. Martin and Jones.

DR. J. S. RANKIN thought that rest in bed, with proper antipsoric treatment, would cure the trouble if instituted early in the course of the disease.

DR. JOHN E. JAMES thought that hip disease could be as readily cured as disease of any other joint. The early diagnosis was important though often very difficult.

DR. J. RICHEY HORNER then read his paper on "Colic in Infants."

DR. A. P. BOWIE said that chamomilla would not cure all cases of colic any more than nux would all cases of dyspepsia. He had used veratrum where there was a cold sweat on the forehead, and camphor where the pains were traceable to cold. His favorite method of administration in these cases was by olfaction.

DR. CHARLES MOHR said that he had used magnesia phos., administered in hot water, with excellent results. The benefit was not derived from the hot water, for that had been tried alone and failed.

DR. C. S. MIDDLETON said that cases that are periodical in their return would yield to arsenicum. If the child is cold, hold it up to the fire; this will often cure.

DR. C. VAN ARTSDALEN said that dioscorea was a most important remedy.

DR. RANKIN said that, in addition to keeping the baby warm, the mother should keep her hands warm.

Drs. H. S. Phillips and M. R. Jamison were elected to membership.

DR. CHARLES MOHR then read the report of the Committee of the Necrologist's Report.

The Committee on President's Address then reported, recommending that means be at once taken looking to the establishment of a homœopathic insane asylum in the State; that a special committee frame a suitable law for improving the educational standard; that the publication of the repertory be discontinued for the present at least; that the work of compiling a directory of Pennsylvania physicians be continued, and that the Bureau of Organization, Reg-

istration and Statistics report a plan of compiling statistics that shall be valuable for comparative purposes.

The portions of the repertory thus far finished were ordered to remain in the authors' hands for safe keeping, and the authors given the right to publish them if they saw fit.

The election of officers for the ensuing year was then proceeded with, and resulted as follows: President, Dr. C. F. Bingaman; First Vice-President, Dr. C. S. Middleton; Second Vice-President, Dr. C. H. Lee; Treasurer, Dr. J. F. Cooper; Recording Secretary, Dr. J. Richey Horner; Corresponding Secretary, Dr. E. R. Suader; Necrologist, Dr. W. J. Martin; Censors, Drs. Joseph E. Jones, Millie J. Chapman and Clarence Bartlett.

The next meeting of the Society was ordered to be held in Philadelphia. The Society then adjourned.

SEMI-ANNUAL MEETING OF THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK.

THE semi-annual meeting of the New York State Homœopathic Medical Society was opened at the Chamber of Commerce, Rochester, at 10.30 A.M., September 17th. Dr. H. M. Dayfoot presided. After the session had been opened with prayer by Rev. A. H. Strong, the Secretary read a letter welcoming the Society to Rochester, from the Mayor, Hon. Cornelius R. Parsons, who was unable to attend. W. F. Clapp, M.D., President of the Monroe County Society welcomed the State Society on behalf of the local profession. Dr. F. F. Laird, Vice-President, responded. Dr. Laird then took the chair while President Dayfoot delivered the President's address. His subject was "Organization and Medical Legislation."

It was the object of the speaker to set forth as forcibly as possible the benefit to our State and County Homœopathic Medical Societies resulting from the completeness of co-operative organizations therein. The published transactions of the Society gave a transcript of its work. They demonstrated the value of organized and co-operative effort. While there was encouraging evidence of the growth of the Society, still it was a lamentable fact that fully three-fourths of the recognized homœopaths of the State were not members of the State Society. The causes that contribute to this indifference were named as follows: First, in the county societies with their deficient organization and lack of interest. Out of the sixty counties in the State, less than twenty have delegates to this Society, the remaining ones either having no organization, or the alleged society is in a comatose condition. Secondly, the individual practitioner, often in the city, more often in the country, is alike indifferent to societies either in the county or State. He has attended college, obtained his

diploma, and engaged in the practice of medicine on a bread and butter basis. He may or may not indulge in instruments, journals or books; if he does, it is with extreme caution and only in cases of dire necessity, or a flattering prospect of a speedy reimbursement. In short, he gravitates to the net, becomes selfish without knowing it, and ignores all duties and obligations to the profession of his choice apart from the routine of his daily work. Then there is the busy practitioner, the one who is strictly business; he is absorbed in his work, and his work absorbs him. He would enjoy society reunions, but could not get away; some child would cut a tooth in his absence, or Dr. Bolus might be called into one of his best families, so he must stay at home. Then there is the man with the obstetric case; he is on the *qui vive* two weeks before and three weeks after the society meeting.

Dr. Dayfoot then considered the discrimination against homœopathic physicians on the part of certain insurance companies in making their appointments of examining physicians. He asserted that the average homœopathic physician was as well qualified to fill the office of medical examiner as the practitioners of any other system of medicine. It is, therefore, nothing but ignorance and prejudice to which we are indebted for this unjust discrimination.

At the last session of the legislature a measure known as the Batcheller bill was introduced, providing for the transfer of all insane under county care to the care of the State, excepting in the counties of New York, Kings and Monroe. This bill deserves the support of the Society. The speaker objected to the treatment of the insane in the county institutions, as in many instances they were placed under the charge of a keeper and a visiting physician whose salary was in the neighborhood of fifty dollars a year. In favor of the county care of the pauper insane was economy of the measure. But Dr. Dayfoot did not think that economy should be consulted when human health and happiness were at stake. The State Asylum had men skilled by long experience in the treatment of the insane, and to them the insane should be sent if they are to have their best chance of cure. Further comparisons were made between the county and State institutions, comparisons which were entirely in favor of the latter.

On motion, Dr. Dayfoot was thanked for his able address. Drs. Hasbrouck and Laird were appointed a committee to consider its recommendations.

Dr. E. W. MERCER, delegate from the Homœopathic Medical Society of the State of Pennsylvania was here introduced to the Society and invited to participate in their deliberations.

The committee appointed to prepare a new seal for the Society reported that their work was accomplished and that the seal which now graced the front of the programmes was the result. The figure of Hahnemann was taken from one of the most reliable portraits of him.

After some routine business the reports of the bureaus was called. The Bureau of Laryngology had no report. The Bureau of Otology was next in order. Owing to the absence of the Chairman, Dr. F. Parke Lewis, of Buffalo, Dr. C. E. Bissell took charge. The only paper presented was one by E. H. Linnell, of Norwich, Connecticut, on "Kali mur. in Ear Diseases." There was no discussion.

Dr. C. C. BOYLE, Chairman of the Bureau of Ophthalmology, was absent. Dr. W. P. Fowler read the first paper entitled "Blepharitis

Marginalis." The principal point made by him was that this disease often depended upon errors of refraction for its cause, and that the refraction of the eye should be examined, and if faulty, corrected. He cited a number of cases in support of the position he assumed.

The Secretary, Dr. Moffat, read a paper by Dr. C. C. BOYLE on a "Case of Progressive Nuclear Ophthalmoplegia." The trouble was supposed to be the result of a specific growth, to a gummatous formation at the base of the brain. It presented besides the paralysis of the muscles of the eye some ataxic symptoms. The principal benefit in treatment was derived from the administration of large doses of iodide of potassium, two hundred and eighty grains of this drug being given daily.

In opening the discussion on Dr. Boyle's paper, Dr. W. P. FOWLER said that he had obtained better results from the administration of small doses of the iodide of potassium. He had formerly used the large doses, but had abandoned them for the smaller ones.

DR. G. H. BILLINGS said that he also had had good results from small doses of the iodide of potassium, and from such remedies as *cimicifuga*, *nux vomica*, and *belladonna*.

DR. C. E. BISSELL asked Dr. Fowler what he called small doses of the iodide of potassium.

DR. FOWLER replied, the first decimal trituration. The Society then adjourned until afternoon.

AFTERNOON SESSION.—The Bureau of Histology was first called, Dr. J. W. Dowling, Jr., being the chairman. The only paper read was by himself, and was entitled "Résumé of Advances in Histological Knowledge for the Year." The Bureau of Climatology came next in order. It likewise presented but one paper, that by Dr. Geo. H. Billings, on "Medical Climatology."

The Bureau of Nervous and Mental Diseases, Dr. Geo. E. Gorham, chairman, presented a paper by Dr. F. E. Caldwell. Its title was "Electricity in Sexual Neurasthenia; Clinical Cases." The author referred to the fact that the positive pole was to be used to allay irritation, and the negative pole when stimulating effects were desired.

DR. JNO. L. MOFFATT referred to the fact that the weak galvanic current would cause absorption of scar tissue in pelvic diseases.

DR. GEO. E. GORHAM asked if it was the opinion of those present that the positive pole was useful for the purpose of obtaining sedative effects, as in congestions and inflammations, and the negative in the opposite conditions, anæmia and atony, as stated in the paper.

DR. STULL said that her experience had been in accordance with that of the author of the paper.

The Chairman of the Bureau, Dr. Gorham, then read a paper on "General Paralysis of the Insane," by Dr. H. L. Waldo, of Albany. This was a long paper, and recited in an able manner the difficulties in making a diagnosis of this affection, and its causes; the principal among which he enumerated syphilis, dissipation, fast living, etc. The principal symptoms were also given in careful detail.

The Committee on President's Address then reported as follows: The secretary was recommended to prepare a complete list of the homœopathic physicians residing in the state, and publish the same in the minutes of the Society. The appointment of a committee of two from each county to awaken and maintain interest in the organization of county societies was recommended. The Batcheller bill, providing for the transfer of all insane from county to state care, was endorsed.

The Chairman of the Bureau of Materia Medica, Dr. M. W. Van Denburgh, was absent. Dr. Jno. L. Moffatt, of Brooklyn, took charge. The bureau presented three papers, analyses of remedies after the method recently adopted by several writers in the *North American Journal of Homœopathy*, and the *HAHNEMANNIAN MONTHLY*. The first one was by Dr. B. L. B. Bayliss, of Brooklyn, on "Antimonium Crudum." The others were on "Apocynum Cannabinum" and "Argentum Nitricum," and were written by Drs. H. D. Schenk and Jno. B. Moffatt, respectively. These papers were very valuable, but were of such a nature as not to excite discussion.

DR. GEO. E. GORHAM said that having listened to long papers on this hot afternoon, one was reminded of the necessity of selecting such papers for reading as should be interesting for reading to the society, if it was desired that the membership of the society be increased. He gave notice that at the next meeting he should move an amendment to the By-Laws, creating a committee which should examine all papers presented, and decide whether or not such papers were of a character that could be read to the society with advantage.

The Report of the Committee on Medical Legislation was presented by Dr. Horace M. Paine, and was substantially as follows:

There is no doubt but that the allopathic school has entered upon a well-organized and systematic effort to modify the mode of entrance into the medical profession in this country, by making the *license* the standard of qualification instead of the diplomas, and by placing the granting of the license under state control. This change of method involves two things; first, a withdrawal from the diploma of the right to practice, and transferring it to

the license; and, second, the control of the license by the state, *i.e.*, by state boards of medical examiners, to be appointed for that purpose, state by state, throughout the whole country. Homœopathists as a class do not object to this change of methods; this transfer of the standard of qualifications from the diploma to the license; or the power to grant the latter from the medical colleges, nearly all of which are private corporations, to the state. If this seems to be the only or the best method for correcting existing evils, homœopathists do not desire to oppose any active opposition. It is found, however, that the allopathic school, in its efforts to bring about this change of method, is making use of single state examining boards in each state throughout the whole country. That this system of establishing single state examining boards will prove decidedly inimical to homœopathic interests, there is not the slightest doubt, for the reason that by giving the allopathic school a majority representation therein, these single boards will soon be made outrageously effective for promoting partisan purposes; that is, will sooner or later, be made use of for impeding the growth and prosperity of the homœopathic school. Hence it will be at once seen that single examining boards, having allopathic majority representation, are none other than sectarian boards; and that legislation, providing for the establishment of such sectarian boards, is class legislation of a most objectionable form. As has been stated, while homœopathists do not propose to endeavor to prevent the allopathic school from instituting a needed reform, they do propose to prevent the appointment of single state examining boards, unless the bills for establishing these boards are amended so as to provide either for separate homœopathic examining boards, or else for the exclusive control of homœopathic applicants for licenses by the homœopathic members thereof. These amendments homœopathists insist upon, in order that they may have full control of their own educational and licensing affairs. They have no desire to interfere with the educational and licensing functions of the allopathic school; at the same time they demand that homœopathic students shall be educated, and when educated, shall be licensed by the school within which they hold fellowship. That this is a perfectly fair and reasonable proposition, no unprejudiced person can deny; that it is as equitable toward the representatives of one school as those of the other, cannot be gainsaid; that it will be far more likely to work for the improvement of both professional and public interests will be readily admitted after an impartial examination.

The Society then adjourned until evening.

EVENING SESSION.—Upon the assembling of the Society, the report of the Bureau of Clinical Medicine, Dr. Thomas D. Spencer, Chairman, was called for.

DR. GEORGE E. GORHAM, of Albany, read a paper on "Therapeutic Observations." Following are extracts:

To be able to show that a given drug in a definite dose administered to a patient with a positive pathological condition, will, unaided by other agencies, be instrumental in changing that pathological condition to one of health, is at once the most difficult, the most important, and the most neglected branch of medical science.

The therapeutic methods of the old school have proven so unsatisfactory that many have become skeptics, while the brilliant results obtained by administering remedies homœopathically have made us enthusiasts. Thus medical men may be divided into two great bodies: Therapeutic skeptics and therapeutic enthusiasts. Omitting to speak of the work of the skeptics in their efforts to determine the curative power of drugs, we will consider our own therapeutic record.

Therapeutic enthusiasm, awakened by the illustrious Hahnemann (the

father of accurate prescribing), has done much to determine the curative power of drugs and improve the methods for healing the sick.

It is a blessing to humanity that in typhoid diseases many valuable lives are saved by the proper administration of baptisia, arsenicum and rhus toxicodendrum.

It is a trophy to medical science of which we may justly feel proud that the bichloride of mercury stands to-day as almost a specific in the treatment of dysentery, and that this fact is accepted, known and taught by all schools of medicine.

Is it any wonder that some of our clinical deductions seem ridiculous to a logical mind, when we teach in our text-books and report in our journals that to relieve the agonizing pain incident to the passage of a biliary calculus that the thirtieth dilution of calcarea carbonica shall be administered? Is not such treatment contrary to physiological principles?

It is not homœopathic. Whoever saw a man rolling and groaning under the pain caused by the expulsion of a gall stone present a group of symptoms similar to those caused by a proving of calcarea carbonica? and certainly the remedy has no known physiological action that would lead any man to expect it would control pain caused by direct mechanical irritation.

Therapeutic enthusiasm has led some man to administer it, and led him to draw the deduction, from the fact that the pain ceased soon after giving the remedy, that the pain was controlled by the magical powers of the drug, when in all human probability the administration of the drug happened to be coincident with the expulsion of the stone.

DR. F. F. LAIRD, in opening the discussion on Dr. Gorham's paper, said that he did not see how as truly a mechanical condition as gall stones was could be benefited by or controlled by such a remedy as calcarea. He had never seen any good come from the administration of this remedy in the condition under discussion. He recommended the use of anodynes in the case of gall-stone colic. One would no more give a remedy to relieve the pain in these conditions than he would one to set a fracture.

DR. JOHN B. MOFFAT said that he had never seen any benefit follow the use of olive oil in biliary colic. He believed that the pain from the passage of a gall stone could be as readily relieved as that from tumor of the brain. Our remedies in the latter condition, by altering the circulation in the brain, could palliate.

DR. GORHAM said that he had obtained good results from the use of olive oil, and that he had observed the passage of gall stones shortly after its administration.

DR. S. N. BRAYTON said that our first duty was to give our patient relief by whatever means there were at our disposal. It is our duty to give anodynes, preferably morphia, in the passage of gall stones.

DR. BAKER said that if remedies would alter the circulation in the brain in case of brain tumor, and thus give relief to the pain, he did not see why they should not, in the case of passage of gall stones in which the passage of the stone caused contraction of the duct by

irritation, so allay the irritation as to make the passage of the stone more easy. He thought that an analysis of the stones (?) passed after the administration of the olive oil should have been made to determine their true nature.

DR. THOS. D. SPENCER thought that the bodies passed after the administration of the oil were soapy formations manufactured in the intestines.

DR. JOHN L. MOFFATT then read a telegram that had been sent to the Pennsylvania State Society then meeting in Pittsburgh, and a reply that had just been received.

DR. E. PERRY JENKS then presented a paper on "Addison's Disease," which was read by Dr. E. Hasbrouck. This paper consisted principally of a *resume* of the subject, and reviewed the anatomy, pathology and symptomatology of the disease. He reported a case in which, although not confirmed in its diagnosis by an autopsy, the diagnosis was certain, owing to the number of characteristic symptoms present. The remedies from which the most relief was obtained were bryonia, conium and arsenicum.

DR. S. N. BRAYTON remarked that in such cases in which the pathology was obscure, we homœopaths, by our symptomatic prescribing, had a decided advantage over the old school.

The courtesies of the Society were then extended by vote to Professor J. C. Wood, of the Michigan University.

A paper bearing the title "A Clinical Case," by Dr. E. S. Hayward, was then read by title and referred.

DR. N. M. COLLINS then read a paper on "Cases in Which Symptomatic Prescribing Failed." These cases are of a diversified nature. They were similar in this: that they were all cured by the operation embraced under the generic title of orificial surgery.

DR. M. O. TERRY asked if the ulceration due to the removal of these pockets from the rectum healed kindly after the operation.

DR. COLLINS said that they did.

The ideas presented in Dr. Collins's paper were well received, and created a very favorable impression.

DR. THOMAS D. SPENCER then read a paper by Dr. J. M. Schley on "Some Personal Observations in Angina Pectoris." Only portions of the paper were read. The author deplored our inability to remove the conditions which caused the paroxysms, that is, the changes in the vascular walls and circulatory system. He had obtained some relief in some cases from the administration of iodide of sodium.

The Society then adjourned until the following morning.

SECOND DAY.

MORNING SESSION.—The report of the Bureau of Obstetrics was called for. Owing to the absence of the chairman, Dr. L. L. Danforth, Dr. E. H. Wolcott took charge. The first paper presented was by Dr. E. Hasbrouck, who reported a case of puerperal eclampsia. The remedy used in the treatment of this case was *veratrum viride* in large doses of the tincture, sufficiently large to produce a marked effect on the pulse.

In the discussion that followed the reading of this paper, Dr. F. F. Laird recommended the use of pilocarpine hypodermatically in doses from one-sixth to one-third of a grain, as preventive treatment in cases of albuminuria of pregnancy. These doses may be administered once a week, or, in severe cases, twice a week.

Dr. J. C. WOOD thought that the convulsions were due not only to the albuminuria, but to the retention within the system, through renal insufficiency, of such products as urea.

DR. E. H. WOLCOTT emphasized the advantages to be derived from *mercurius corrosivus*, as he had repeatedly seen good effects follow its administration in the albuminuria of pregnancy.

The next paper was on "Subinvolution of the Uterus," by Dr. B. S. Partridge. The causes for this condition, as assigned by the author, were traced to the puerperal state, and consisted of retention of the membranes, too early getting up, lacerated cervix, etc.

DR. C. A. BACON spoke against the allowing of the patient to get out of bed at any specified time. One should be guided, in this particular, by the size of the uterus. Some women can get up with safety in a few days, others not for two weeks. He did not believe in the use of the binder. No benefit was to be derived from it, and it was disadvantageous to the patient, as it interfered with involution.

Dr. E. H. WOLCOTT said that he was in favor of the binder at the time the woman was to get up.

DR. JOHN L. MOFFATT spoke against the use of the binder. He thought that the recommendation that it be used at the time the woman was about to get up was not good practice. He believed that by its use at such times the abdominal muscles would not be given an opportunity to contract; thus, instead of preventing pendulous abdomens, the binder would increase the tendency to that trouble.

Dr. S. N. BRAYTON thought that the use of the bandage was attended with great advantage. He believed that the large abdomens

seen in women who had borne children was due to its neglect or to its improper application.

The Bureau of Gynæcology next reported, Dr. Sarah I. Lee, chairman. The first paper was by Prof. J. C. Wood, M.D., of Michigan University, and described a case of extra-uterine pregnancy. The foetus weighed five pounds; its movements were felt until within ten days before the operation, which was performed thirteen months after the cessation of menstruation. The child was dead and very much macerated when removed. The whole pelvic contents were removed. This radical procedure was found necessary owing to the extensive adhesions.

DR. A. WILSON DODS reported a case of ovarian tumor which he had operated. There were three points in connection with the case to which he drew attention. The first was that the temperature, after the operation, taken in the mouth was 97.4° ; in the axilla, 97.4° ; and in the vagina, 100.4° . The second was, that after the introduction of the drainage-tube some of the tissue obstructed its openings, or rather engaging in the openings, and retaining it. He supposed the tissue acting in this way was omentum. The third point was that a slough was passed through the urethra, and in this slough was the ligature with which he had tied a band of adhesion between the tumor and the fundus of the bladder.

DR. S. F. WILCOX, the chairman of the Bureau of Surgery, being absent, Dr. J. M. Lee took charge. The first paper read was that by Dr. S. F. Wilcox, which was read by Dr. Lee in abstract. It dealt with the subject of fistula in ano. The author's method of operating was to dissect out the fistula and close up the wound, as in the ordinary operation for lacerated perinæum.

DR. N. M. COLLINS suggested that the sphincter be divided also on the side opposite to the fistula. Pratt, in his operation, does this with excellent results.

DR. C. E. WALKER said that it had been his practice to saw out the fistula with a ligature.

DR. D. G. WILCOX reported a case of peritonitis. The most distressing symptom in this case was the distension of the abdomen. To relieve that he had punctured the abdomen and let off the gas. Complete relief was not obtained until he had inserted a tube beyond the splenic flexure of the colon.

The Bureau of Pædology next reported. Dr. George F. Hand presented a paper on "Cholera Infantum." He made a strong point of the value of dietetic treatment, and advocated the use of albumen

water where milk was inadmissible. The white of one egg was mixed with six ounces of water. At times he added a little bovine to the mixture. Children would often retain this when everything else failed.

DR. N. M. COLLINS said that he had seen some very obstinate cases of diarrhoea in children cured by the operation of circumcision.

DR. JOHN L. MOFFATT referred to shaken milk as recommended by Dr. John C. Morgan, in a recent number of the *Medical Record*, as an article of diet. He had seen it do good when ordinary milk failed. He also advocated the use of "live" milk, that is, milk fresh from the cow in certain cases.

DR. B. S. PARTRIDGE spoke in favor of malted milk as an article of diet in infants. In his experience most of the cases of so-called cholera infantum were cases of entero-colitis. He thought that starch should be excluded from the diet of these cases.

DR. JOHN L. MOFFATT said of the manufactured foods he preferred those manufactured by Reed & Carnrick. He used the "lacto-preparata" for small children, and the "soluble food" for those of older growth.

DR. T. D. SPENCER referred to a food prepared from lentils which he had used with good results.

DR. F. F. LAIRD said that he excluded milk from the dietary entirely, and fed the patient on albumen water. He had found shaken milk to agree in a number of cases where ordinary milk did not. The bureau then closed.

The Society next proceeded to the transaction of some routine business, and then adjourned.

NEW PUBLICATIONS.

THE ELEMENTS OF HISTOLOGY. By E. Klein, M.D., F.R.S. New and enlarged edition. Philadelphia: Lea Brothers & Co. 1889.

Klein's *Elements of Histology* has long been recognized as a standard text-book on the subject. In this new edition the author has found it necessary, owing to the constant progress in histology, to make several changes of an important character in the text. These changes are especially noticeable in the consideration of the division of the nucleus and of the termination of nerves. Several new illustrations have been added; among them microphotographs, which the author claims to be the only really good histological microphotographs that have as yet been published in any text-book.

GLEANINGS.

CONDUCTED BY

S. LILIENTHAL, M.D.,

E. M. GRAMM, M.D.,

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E. W. MERCER, M.D.,

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AND THE EDITORS.

THE CAUSES OF LOCAL RELAPSE OF CANCER AFTER REMOVAL OF THE BREAST.
 —Heidenhain, of Berlin, has recently put on record the results of some investigations on the causes of the frequent return of cancer after removal of a breast affected with that disease. Examination of eighteen cancerous breasts removed by operation has led to the conclusion that such relapse is due to the retention in the wound of small portions of both the growth and of the diseased mammary gland. This incomplete removal is due, for the most part, to anatomical conditions. The fascia pectoralis, it is stated, has very close relations with the muscle on the one hand, and with the breast on the other, being continuous by means of processes of connective tissue with the perimysium of the pectoralis major and with the septa of the gland. Some of the smallest lobules of the gland penetrate the fascia and rest in contact with the muscle, and so are likely to be left behind in excision of the breast. In corpulent subjects the fascia is enclosed in a thick layer of fat, interposed between the pectoralis major and the mammary gland. This layer of fat, which encloses a number of gland lobules, cannot be completely separated from the pectoralis without removal, at the same time, of the anterior surface of this muscle. In two-thirds of his specimens of mammary cancer, Heidenhain found small metastatic deposits in the lymphatics passing from the gland to the pectoralis muscle through the retro-mammary connective tissue and fat. In cases in which the breast can be removed freely over the fascia, these cancerous metastases may be followed as far as the surface of the muscle, but do not extend into its anterior. In such cases, therefore, it will suffice to remove just the surface of the muscle; but when the cancerous gland has contracted close adhesions to the pectoralis, the fibres of which are consequently abundantly mixed with cancer elements, the whole of this muscle, together with its periosteal attachments, ought, according to Heidenhain, to be removed. Such procedure, it is stated, does not result in any serious functional disturbance. In cases in which the whole muscle has been removed by Köster, the subsequent impairment of motion of the upper extremity was so slight as to be scarcely appreciable by the patients.—*London Medical Recorder*, July 20, 1889.

POISONING BY MERCURY FROM SUBCUTANEOUS INJECTIONS OF CALOMEL.
 Prof. Runeburg made a post-mortem examination of a 34-year-old weakly woman, in whom three calomel injections were followed by dysenteric bowel manifestations and severe stomatitis that eventuated in her death. He found that the mucous membrane of the large bowel was the seat of extensive hæmorrhagic spots and deeply penetrating diphtheritic infiltrations, the tops of the folds of the mucous membrane being most seriously affected. In some places the diphtheritic infiltrations had been cast off and had left deep ulcerations. From one place two teaspoonfuls of a thick, grayish-white pus-like fluid were obtained, in which it was easy to demonstrate the presence of mercury in large quantities.

Runeberg has collated a series of similar unfortunate cases.—*Allg. Med. Central-Zeitung*; *Allgem. Homœop. Zeitung*, Bd., 118, No. 26.

ULCERATING GUMMATA OF THE SCALP FORTY-FOUR YEARS AFTER INFECTION.
 —Hugnet and Andain report the case of a wine agent, æt. 63, who contracted syphilis when between eighteen and twenty years of age. Typical syphilides followed, relapsed a number of times and finally disappeared without treatment. When he was twenty-four years old (about five years after infection) he married. His wife miscarried once, but remained healthy, dying at sixty. His eldest son developed psoriasis palmaris when seven years old and again when eighteen, which was cured by anti-syphilitic treatment; in other respects he, as well as his younger sister, re-

mained well. The patient himself was affected by herpes zoster in 1878. In 1886 a gumma appeared on the left parietal bone, which ulcerated and exposed the bone and, at the time of his reception (December, 1887), had caused necrosis. Gradually the bone was cast off, and necrosis of the diploe appeared. As, however, demarcation proceeded slowly and symptoms of pressure on the brain set in, trephining was decided upon, which exposed a collection of pus under the necrosed bone. Improvement set in on anti-syphilitic remedies. Soon, however, an attack occurred during which he lost consciousness; then the functions of the brain became disturbed, intelligence gradually waned, edema of the extremities set in, new gummata appeared on the scalp, and the patient died. Post-mortem there were found thrombosis of the iliacs, caries and necrosis of the left parietal bone, thickening of the meninges beneath it, but no pathological changes in the brain.—*Archiv. für Dermatologie und Syphilis*, 1889, Heft, 2.

GALVANISM IN THE TREATMENT OF PARASITIC SKIN DISEASES.—Dr. J. A. Wessinger claims to have had remarkable success in curing parasitic diseases of the skin by means of the galvanic current. He applies the positive electrode, moistened with whatever parasiticide solution he may have selected, directly to the diseased surface, while the negative electrode is placed in contact with some other portion of the body. He believes that the simple passage of the galvanic current is destructive to at least some of the micro-organisms which are the cause of these diseases. As a rule, fifteen to twenty milliamperes is a sufficient strength of current for the purpose. In the majority of cases the current should be kept up not less than ten minutes nor more than twenty. The application should never cause the patient any marked discomfort, as the efficiency of galvanism in these cases does not depend upon the intensity or resistance of the current.

The whole diseased surface should be gone over at each sitting and the patient should receive treatment every day.

The doctor reports a case of favus cured in six sittings; three of ringworm cured in from four to ten sittings.—*Journ. of Cut. and Genit. Urin. Dis.*, July, 1889.

CREOLIN ECZEMA.—On the second day after the application of creolin the skin became reddened, with marked itching. On the third day numerous vesicles filled with a clear fluid developed, some of them reaching the size of a German dollar. The temperature of the skin was elevated and the neighboring lymphatic glands enlarged.—*Therap. Monatsh.*, No. 6, *Monatsh. für prakt. Dermatol.*, Bd. 9, No. 2.

BALSAM OF PERU IN PHTHISIS.—Prof. Schnitzler, of the Vienna polyclinic, has for some time past been using balsam of Peru in cases of pulmonary phthisis with laryngeal lesions. It is found that the drug acts differently on tuberculosis when injected directly into the veins than when given by the mouth. Dr. Schnitzler makes a solution of olei amygdalarum, mucilago gummi arabici and chlorate of sodium, 1 to 400, and in this form injects about 0.5 to 1 grm. of the drug. He advises the precaution of breaking up the oil globules every time before use, so that their dimensions are less than the blood corpuscles. The results he has obtained from this form of treatment in tuberculosis are, to him, satisfactory.

ANTIPYRIN IN ENURESIS.—The *Prager Med. Wochenschr.*, of July 3d, says: Drs. Perret and Devie have used antipyrin with great success in the treatment of enuresis. Two doses of ten or fifteen grains, given one at six and one at eight o'clock in the evening, had the desired effect. The continuance of the treatment was only necessary for a few days.

ANTIPYRIN IN DIABETES MELLITUS.—The skin and nervous symptoms of diabetes mellitus can be made to disappear by antipyrin. The sugar will also disappear in a short time if no more than 80 or 100 grains to the litre are present. The remedy has no influence on albuminuria.—*La Prov. Med.*, 1889. *Monatsh. für prakt. Dermatol.*, Bd. 9, No. 2.

PROGNOSIS IN INFANTILE DISEASES.—The peculiarities of the infantile organism render the prognosis of certain morbid states different from the prognosis of the same states when occurring in adults. An increase of temperature to 40° or 41° C. (105° F.) is of no great importance in children, and a quick pulse (130 to 140) does not always mean danger. The suppression of secretions (urine, sweat, etc.) is in children always ominous in its significance. All affections of the respiratory tract in children less than two years of age deserve careful watching on the part of the

attendant; it is well-known that simple coryza in nurslings may lead to pneumonia and disturbances of digestion. A simple coryza may be the first symptom of hereditary syphilis. A simple laryngeal catarrh may in children take on all the symptoms of croup. Spurious croup, always appearing at night in a most threatening manner, admits of a good prognosis in children less than two years of age. A diphtheritic croup is always dangerous. A broncho-pneumonia, as a secondary affection, is, in nurslings, nearly always fatal. It is dangerous in children up to their fourth year. A typical lobular pneumonia is only dangerous in the new-born. Pleuritis is rare in children under twelve years of age; and they recover from it fully and quickly. Pleuritis of adults is often the product of tuberculosis or is followed by that disease.—*Gaz. de Hôpitaux*.

THE PTOMAINES OF LYSSA.—Prof. Anrep has prepared from the brains of rabbits who have died from lyssa, a powerful alkaloid ptomaine. Both it and its salts crystallized in watery solution. From one hundred brains he collected 0.05 grammes. Doses of 0.00001 to 0.00005 cause rise of temperature, general restlessness, increase of respiration and of the contractions of the heart, difficulty of breathing, spasms, decrease of cardiac activity and muscular strength, and finally a fall of temperature, paresis of the extremities, ptialism, and death with symptoms of asphyxia.—*Allg. Med. Centr. Zeitung*, 56, 1889.

TOXIC DYSPNOEA IN CARDIAC DISEASES AND ITS TREATMENT.—Dyspnoea occurring in the course of cardiac affections is not always the result of these affections. Especially in cases in which there is disease of the arterial system and of the left heart, it may be the result of imperfect action of the kidneys. Such a toxic dyspnoea, for its successful treatment, requires the removal of the urinary particles found in the circulation. Huchard has seen cases with threatening dyspnoea, especially at night, in which digitalis aggravated, and where a milk diet, carefully carried out, brought great benefit. Such an intoxication is generally produced by renal inadequacy; the kidneys being unable to eliminate matter probably contained in the food and not suitable for assimilation on account of their toxicity. One might suppose that by their retention a contraction of the bloodvessels, a hyper-extension of the pressure present in the vascular system arises, leading to arterio-sclerosis. An unsuitable food is the cause. The chief indication for treatment is to partake of nourishment which is free from noxious ptomaines, hence the following should be administered: 1. Absolute milk diet, 3 to 4 litres daily during the attacks. 2. During the intervals, eggs with milk, milk toast, soft-boiled eggs. 3. Vegetable diet, or off and on, some well-done meat. No soups whatever should be allowed, as bouillon takes up ptomaines. Fish is unwholesome to such patients.—*Alleg. Med. Centr. Zeitung*, 56, 1889.

CHANGES IN THE ORGANISM AFTER REMOVAL OF THE SPLEEN.—Kostjurin removed the spleen of a dog, which lived over a year after the operation. He says that after the removal of the spleen changes in the qualitative composition of the blood and anatomical changes in the finer structure of the lymphatic glands and of the marrow of the bones take place. The great omentum is the organ which compensates for the absent spleen. He found there on several isolated spots whole packets of oval or round formations of the size of a hemp-seed to that of a bean, which microscopically showed the characteristic formation of the normal spleen tissue, thus confirming the views of Ranvier and of Kultschitzki, that the great omentum, morphologically, is an organ analogous to the lymphatic glands.—*St. Petersburg Med. Wochenschr.*

CLINICAL AND ANATOMICAL CHANGES AFTER EXTENSIVE BURNS.—Silbermann gives the following as the anatomical changes after extensive burns. 1. The red blood-corpuscles are not only changed in form, but their power of resistance is also diminished. 2. In consequence of their changed form, numerous thrombotic changes set in in the arterioles and capillaries; also stases in many organs, particularly the lungs, kidneys, stomach, intestines, spleen, liver, skin and brain. The obstructions in the bloodvessels are most numerous in the finer branches of the pulmonary arteries. 3. The obstruction in the circulation of the pulmonary capillaries present a great obstacle to the emptying of the right heart, and thus causes an enormous stasis in the venous circulation and, in consequence thereof, arterial anæmia. These circulatory changes are the cause of the hæmorrhages and of the parenchymatous changes which take place in the different organs. 4. These circulatory dis-

turbances easily explain the dyspnoea, cyanosis, coma, small pulse, blunting of the senses, eclampsia and anuria, the great decline in the temperature of the skin from contraction of the arterial bloodvessels, in consequence of arterial anæmia.—*Centralblatt für Med. Wissen.*, 28, 1889.

TREATMENT OF ASTHMA WITH LOBELINE.—Lobeline is very similar in its action to saponine, the glucoside of polygala senega. Both cause, when injected in large doses into animals, motor and sensory paralysis at the place of injection, and, at a later period, paralysis of the medulla oblongata, as shown by depression of respiration and diminution of blood-pressure. Tincture of lobelia causes nausea and vomiting, which lobeline never does. While in oft-repeated doses lobeline caused weak heart, vertigo and somnolence, it never gave rise to either nausea or vomiting. As its elimination is rapid, cumulative action from it need not be feared. In repeated doses (5, 10 or 20 centigrammes for ten pills) it acted beneficially in asthma. It reduces the excitability of the vagus so that the nerve fails to react to strong electrical currents; it diminished muscular contractility and sensibility, showing its strong action on the cerebro-spinal nervous system. Not only in asthma, but in all nervous affections characterized by muscular excitability, lobeline ought to be employed in doses of 5 to 40 centigrammes and for children, 1 to 5 centigrammes.—*Wien. Med. Wochenschr.*, 28, 1889.

PILOCARPINE IN HEPATOGENOUS JAUNDICE.—Wittkowsky (*Vratch*, 18, 1889) considers pilocarpine a specific in hepatogenous icterus. The first case in which he used it was that of a woman, forty-four years of age, who, seven years previously, when pregnant, complained of pains in the right hypochondrium, which became worse after her confinement, icterus and colic from biliary calculi. For four years all treatment had failed. Two hypodermic injections of pilocarpine relieved greatly; the colics disappeared, and the sensitiveness of the liver to pressure decreased, and, after three weeks, the jaundice was gone and the liver had regained its normal size. Since then the doctor had used pilocarpine in thirty cases, with the same success. It has only failed him in case of jaundice dependent upon a neoplasm in the liver. It is astonishing to see how quickly it relieves the terrible itching accompanying the hepatic disorder.

ABORTIVE TREATMENT OF FURUNCLE.—R. Hydrargyr. oxid., 0.10; lanolin, 10.0. S. To be rubbed well in three or four times daily.—*Pharm. Zeitung*.

MILK THE CARRIER OF SCARLATINA.—Cows may suffer from a disease identical with human scarlatina, the germs of which may be found in their milk. This subject has been carefully studied in England and Germany, and the course of the contagion carefully followed. Kline, however, does not think that this should be occasion for alarm, as the danger may be averted by careful hygiene.—*Münchener Med. Wochenschr.*, 31, 1889.

CAPITAL OPERATIONS UNDER HYPNOTIC SLEEP.—Dr. Mesnet reports the case of a young hysterical woman, suffering from simple vaginal cystocele, on whom Dr. Tillaux performed the operation of colporrhaphy under hypnotic sleep. The patient was put asleep by fixation of sight, after which she walked into the amphitheatre and lay down on the operating table. The operation lasted twenty minutes, during which she did not make the least motion. She was then placed on a litter and carried to her bed. Then Mesnet suggested to her that she would not have any pain, and that she would pass a good day, which suggestion was fully realized. Mesnet comments on the peculiarities of hypnotic sleep. General insensibility, with conservation of hearing and touch; isolation from the exterior world with interior communication, excluding the operator. The intense concentration of the patient on the hypnotizer is maintained by incessant appeals to her mental activity, by questions, suggestions, and animated conversation, so that she will not suddenly wake up, and thus lose the benefit of the anæsthesia. Before hypnotism is tried as an anæsthetic in any given case, the patient should be repeatedly hypnotized beforehand, so that hypnotization becomes a regular habit.—*Progres Medical*, 31, 1889.

IODOFORM IN THE TREATMENT OF BURNS.—Mosetig-Moorhof recommends the application of iodoform in the treatment of burns. He opens the blisters and cleanses the wound with a small tampon, soaked in a half per cent. solution of ordinary table salt. He then applies several layers of very dry iodoform gauze. Over this is placed a sheet of gutta-percha. A layer of cotton, free from fat, is then placed

over the whole, and a regular bandage applied to keep this dressing in place. Should the secretions be excessive, the cotton may be changed, but the iodoform gauze must not be touched until the end of the first or even of the second week. In case of burns of the face, he recommends the application of an iodoform ointment, one to twenty, covered by a mask of gutta-percha, and daily renewal of the ointment. When the scabs have already fallen off, a one to two per cent. solution of resorcin may be preferable, as the epithelium then reforms more rapidly.—*Progress Medical*, 31, 1889.

ON THE USE OF CREOLIN IN DISEASES OF NURSINGS.—Schwinn, in reviewing the uses of creolin in diseases of nurslings, says that when solutions of chlorate of potassium, permanganate of potassium, borax, etc., fail to give relief in aphthæ, the washing out of the mouth and fauces with a one per cent. solution of creolin is often sufficient to cure the whole trouble in a few days. In cases of omphalitis the rubbing of the umbilicus and the surrounding parts with pure creolin will effect a cure in less than four days. In cases of erysipelas neonatorum the application, twice daily, of pure creolin to the affected parts will cure in a few days; in no case treated by him have poisoning symptoms supervened. In about a dozen cases of gastro-enteritis creolin was employed after the following formula: *R.* Creolini, grt. 2; aqua cinnamom., 80.0; syr. althæ, 20.0. *S.* One teaspoonful to be taken every hour. In the case of older children, the following formula is suggested: *R.* Creolini, 0.5; sacchar. alb., q.s; fiat pulv., x. *S.* One or two powders daily. Creolin is the best antiseptic for use in surgical operations on small children. A one-half or one per cent. solution suffices for disinfection of the field of operation; the wound heals rapidly by primary union, and an eczema has never been produced by it. In ophthalmia neonatorum it has failed entirely.—*Wien. Med. Presse*, 31, 1889.

SENSATION OF HEAT IN PARALYSIS AGITANS.—Patients afflicted with paralysis agitans complain a great deal of a sensation of heat, although the thermometer does not reveal the existence of a rise of temperature. Some consider that this sensation of heat arises from the muscular contractions (tremors); others attribute it to a lesion in the nervous centres. By experimenting on two patients with the disease, Mosse concluded that this sensation of heat is not the result of the augmentation of the peripheric heat, but is due to nervous troubles, probably depending upon an alteration in the centres (thermic and vaso-motor). Other troubles, as exanthemata and œdema, may arise from the same cause.—*Semaine Medicale*, 31, 1889.

SYPHILIS OF THE LUNGS AND PLEURA.—Pulmonary syphilis shows itself anatomically in three forms, namely: Gumma, disseminated sclerosis, and a combination of sclerosis with gummata. Clinically it appears as: 1. Acute tubercular broncho-pneumonia. 2. Tubercular phthisis. 3. Broncho-pulmonary syphilitic sclerosis and syphilitic pleurisy. 4. Syphilitic pneumopathy, combined with pulmonary tuberculosis. 5. Early or late hereditary pulmonary syphilis.

1. *Acute Tubercular Broncho-Pneumonia.*—In some cases pulmonary syphilis presents a great similitude to acute tubercular phthisis. It then usually begins as a broncho-pneumonia, leading, in a few days, to caseation. The physical symptoms are, in general, those of pulmonary tuberculosis. Generally, the physical symptoms are limited to the middle portion of the right lung. Dyspnoea is very intense and out of proportion to the extent of the lesion. The presence of syphilitic diseases of bones or of any other organ, and the absence of the tubercle bacillus in the sputum leads the attention of the physician to syphilis as the cause of the trouble.

2. *Tubercular Phthisis.*—Four years ago a patient was considered to be in the last stages of phthisis, and advised to go South for temporary relief. Severe dyspnoea, hæmoptysis, amphoric breathing and other manifestations of extensive lung changes were present. Dieulafoy recognized in the patient a man whom he had treated long before for an ulcerating syphilide on the arm. Mercurial inunctions and iodide of potassium were ordered. After three weeks' treatment he was nearly well, and started off on his journey.

The so-called tardive syphilitic phthisis arises from ulcerating gummata. The beginning of the disease is characterized by bronchitis, pains in the chest and dyspnoea; hæmoptysis is frequent, but not abundant. The physical symptoms are most frequently localized in the centre of the right lung, and the changes detected on auscultation are best heard on the top of the spine of the scapula, or, anteriorly, between the third and fourth intercostal spaces. Sooner or later functional disturb-

ances set in, mummullary sputa, fever, night-sweats, and, if the patient is not properly treated, death follows. The fever and the phthisis are from a secondary infection. The syphilis starts an ulceration and a cavity in the lung, bacteria enter, suppuration, gangrene and tuberculosis follow.

3. *Broncho-Pulmonary Syphilitic Sclerosis and Syphilitic Pleuritis*, characterized by hypertrophy of the connective tissue, forming the stroma of the lung. This syphilitic pulmonary cirrhosis, which clinically runs its course as a chronic broncho-pneumonia, shows itself anatomically as follows: In one lobe of the lung appears a hard, grayish-red node, surrounded by ampullæ or encysted bronchiectasiz, covered by greatly thickened pleura, and by intercostal periostitic deposits; the tissue of the lung sometimes contains sclerotic striz. There may be simple sclerosis, or sclerosis and gummata, or such changes which, occurring in syphilitic newborn babes, are known as pneumonia alba. The diagnosis of this condition is difficult when we cannot obtain evidence of syphilitic disease elsewhere. Improvement follows rapidly on the institution of specific treatment.

Syphilis of the pleura can either be a complication, or, accompanied by an exudation, may be the main complaint. It is attended by severe dyspnoea, which is not relieved by thoracentesis. Specific treatment is the patient's only hope.

4. *Combination of Syphilis and Tuberculosis*.—Syphilis may attack a patient suffering from tuberculosis, or tuberculosis may occur in a patient the subject of syphilis. In the former case the syphilis increases the anæmia and the debility. When tuberculosis complicates syphilis it usually sets in during the tertiary period of that disorder. In an otherwise healthy person a tertiary pulmonary syphilide may originate tuberculosis, and this explains why the bacilli are found only at the late stage.

5. *Hereditary Pulmonary Syphilis* may be either early or late. The former is found in still-born babes, or in babes who have died when only a few months old. Pneumonia alba consists in a thickening of the walls of the bronchioles and alveoli, and in a de-quamative pneumonia on the inside of the alveoli, whose cells are found in a condition of fatty degeneration. Tardy hereditary syphilis of the lung is more rare. Dieulafoy was called to a child over a year old, suffering from ophthalmia, suppurative otitis and periostitis of the bones of the hand, whose father he had treated for syphilis. Two years later he found a cavity in the centre of the right lung, and a perfect picture of phthisis developed. Anti-syphilitic treatment saved that child's life. Many a child considered scrofulous or of a lymphatic constitution has syphilis as an heirloom.

Death is the result of either the cachexia or the phthisis. Though tubercular phthisis is far more frequent than the syphilitic variety, still no physician ought to neglect the discovery of the latter when it is present. On the least suspicion a thorough anti-specific treatment should be instituted.—*Gaz. Heb'd.*, 18-23, 1889.

IRREGULARITY OF CARDIAC ACTION OF FAT PERSONS.—An intermittence of the pulse may be sometimes met with in fat persons. According to Kisch it is due to the excessive deposit of fat around the cardiac ganglia, which causes pressure upon them, the heart muscle itself escaping all damage. Irregularity of the heart's action, on the other hand, is an ominous symptom of cardiac debility, and total arrhythmia is a symptom of far advanced muscle degeneration, which may at any time result fatally.—*Münch. Med. Wochenschr.*

FARADIZATION IN ASCITES.—Muret recommends faradization in ascites from disturbances in the portal circulation, as in affections of the liver, spleen and peritoneum; it is less beneficial in its action when the ascites occurs in association with general dropsy. It acts best immediately after a stool, as then, under a moderate faradic current, energetic movements of the abdominal muscles set in, while before the stool strong currents even could not produce. The patient is placed on his back, with the pelvis raised slightly, and every abdominal muscle in its turn faradized. The operation should be repeated twice a day.—*Berlin. Klin. Wochenschr.*, 31, 1889.

CONSTIPATION.—Constipation may be defined as that condition in which insufficiency in the size of the stools gives rise to certain troubles, certain uneasy states, and even grave disorders. Potain relates the case of a patient who was brought to the hospital with high fever, and symptoms indicative of acute phthisis. Two years before she was laid up with bronchitis and hæmoptysis. Her cough had continued, and was associated with oppression of breathing and stitches in the chest. Lately she had also night-sweats, loss of appetite, constipation and emaciation.

Physical exploration revealed nothing abnormal in her chest. The uterus was pushed upwards, from an enormous accumulation of feces. The whole trouble was the result of the fecal accumulation.

Accidental constipation manifests itself by a feeling of fulness and heaviness in the abdomen, sometimes by pains in the lower abdomen, simulating those of uterine colic; in other cases the pains may radiate into the groins, and simulate those of crural or sciatic neuralgia. These are all reflex or sympathetic manifestations. Common symptoms attendant upon this state are anorexia, coated tongue, flatulency and dull headache.

In habitual constipation all the above-named symptoms may be seen, but much intensified. Hæmorrhoids set in; there may be a catarrhal state of the lower bowel. It may even cause dyspnoea, palpitation, hæmoptysis, headache, tinnitus, trifacial neuralgia and congestion and deviation of the uterus in women, or spermatorrhœa in males. Toxic symptoms may also be caused by habitual constipation. The intestines are a vast laboratory of poisons. In the normal state these poisons are destroyed by the action of the kidneys and liver, and eliminated. All these serious symptoms disappear on the discharge or the removal of the accumulation of feces. In the examination of these cases the statement of the patient, that the bowels move regularly, should count for nothing if physical exploration shows the transverse colon to be distended.—*Semaine Medicale*, 25, 1889.

THE PROGNOSIS OF ALBUMINURIA.—Dr. Johnson, in an address on the subject of albuminuria, before the British Medical Association, advanced the following propositions:

1. The presence of the albumin in the urine, though small in amount and occasionally intermittent, is always pathological.

2. The practice of testing the urine in all cases of ailments, even the most trivial,—the importance of which for years he has insisted upon,—has led to the detection of albuminuria in many youths and adolescents, who are especially liable to be exposed to the commonest of exciting causes, namely: cold and wet and over-fatigue, and who have not lived long enough for the ultimate evil results of a neglected albuminuria to become developed.

3. The albuminuria whether intermittent or persistent, of persons apparently in good health has no such special features as to require it to be designated by such misleading terms as "physiological," "functional," "cyclical," and "the albuminuria of adolescents." The last term is especially inappropriate, since the condition is of most common occurrence in both sexes and at all periods of life, from childhood to extreme old age.

4. In almost every instance these cases of albuminuria may, by a careful inquiry, be traced back to some recognized exciting cause.

5. Nearly all cases of acute nephritis pass through the stage of intermittent albuminuria in their progress towards convalescence; and, on the other hand, the majority of cases of intermittent albuminuria may be traced back to a more or less remote attack of acute nephritis.

6. While, on the other hand, intermittent albuminuria—even though it may have existed for years—may be looked upon as a curable condition if only its exciting causes can be ascertained, avoided and counteracted by suitable dietetic, medicinal and hygienic means; on the other hand, the neglect of such means may convert an intermittent into a persistent albuminuria, although for many years it may be unattended by symptoms of disordered health, ultimately results in a fatal degeneration of the kidneys.

7. Since it is notorious that albumin, even to a very large amount, may exist in the urine of persons who are apparently in perfect health, it is obvious that the urine of every patient, no matter how trivial his ailment, and the urine of every applicant for life insurance, no matter how robust his appearance, should be tested for albumin.

8. For many years past the fact that albumin may be abundantly present at one period of the twenty-four hours, and entirely absent at another, has been publicly demonstrated, and ought to be generally known. It is therefore necessary to test the urine, not only after rest in bed and before breakfast, but also after food and exercise.—*British Medical Journal*, August 24, 1889.

SUGAR OF MILK AS A DIURETIC IN HEART DISEASES.—Experiments and investigations made by M. Germain See concerning the effect and value of milk in heart diseases, have led him to the following conclusions:

1. Lactose constitutes at the same time the most powerful and the most inoffensive diuretic. It alone imparts to milk its diuretic properties. The other principles of milk, especially the water and the salts, have no manifest or useful effect; the chlorate of soda does not add any to the polyuria, which is due to milk sugar, and even the salts of potash have but a limited action. Milk, taken in quantities of 2 litres, causes diuresis, but in quantities of 4 litres (each of which contains 50 grams of lactose) it induces at the same time a pronounced glycosuria, a transitory diabetes, as a quantity of 200 grams of sugar thus absorbed is eliminated by the urine. At the same time a considerable excretion of urea indicates a destruction of the albuminates. There is, consequently, glycosuria and azoturia at once. Milk sugar renders it possible to avoid these inconveniences and dangers. 100 grams of lactose in a draught produced an enormous diuresis, which we are not sure to obtain with four or five quarts of milk. With the lactose there is neither glycosuria or azoturia. In milk, the effect of lactose is impeded by caseine and fat.

2. The polyuria resulting from the internal use of 100 grams of lactose exceeds all other artificial polyurias; it increases rapidly to $2\frac{1}{2}$ litres, and almost constantly rise to $3\frac{1}{2}$ and $4\frac{1}{2}$ litres on the third day. Then it remains stationary or decreases to $2\frac{1}{2}$ litres for several days. During that time the dropsical symptoms disappear with almost absolute certainty, the blood is freed from hydrates, and this is the reason why the diuresis is no longer as intense as at the beginning of the treatment. But, after a few days of rest, another dehydration of the blood and resorption of dropsical accumulations may be obtained in the same way.

3. Effect on dropsy of cardiac or renal origin. It may be said that lactose has a sure effect on dropsy of cardiac origin, but its action is doubtful, or even nothing, in dropsy of renal origin. In affections of the heart it fails only in cardiacs where the disease is complicated with Bright's disease, and when the albumin increases to 0.60 or 1 gram per litre. As long as the quantity of albumin is small the result is favorable, which leads to the supposition that in these cases there is no renal lesion, but simply a stagnation of blood. By diuresis from lactose the degree of alteration in the kidney may also be measured.

4. Time for the ce-sation of the diuresis. Administration of lactose. Sometimes the diuretic action is found to be interrupted by causes other than lesions of the kidneys. A diarrhoea may ensue, which naturally diminishes the diuresis. In other cases the patients have, for a longer or shorter time, profuse sweats or accidental transpirations which diminish the polyuria, but it soon reappears. The medicine is generally well borne. It should be given for eight or ten days, which would suffice to bring about a noticeable dehydration of the blood, then a pause is made of a few days, when its administration may begin again. The lactic draught is somewhat insipid, but its taste may be improved by adding a little peppermint or brandy. In all cases it is important to diminish or even stop all other drinks, including bouillon, and especially milk, which becomes useless as a diuretic, and encumbers the stomach and impedes digestion of other nourishments. Also, in this respect, lactose has great advantages, as it permits the patient to eat all kinds of food, even meats, which are often indispensable to sustain the sinking forces of a cardiac patient who has arrived at the last stages of the disease.

In conclusion, the author says that we possess in lactose the diuretic for heart troubles at the asty-systolic period, the genuine cure for dropsy of cardiac origin, even for those kinds of dropsies which resisted other polyuric agents. In asty-systole there is another extremely dangerous accident liable to occur—dyspnoea. Against this lactose is powerless, so it must be aided by iodide of potassium.—*Journal of the American Medical Association*, August 24, 1889.

THE CAUSE OF ANÆMIC HEART-MURMURS.—At the close of a long discussion of this subject, Sehrwald (*Deutsch Med. Wochenschr.*, No. 21, 1889) draws conclusions, which may be summed up as follows: 1. In defining anæmic heart-murmurs the principal feature is that the heart is completely intact. All those attempts at explanation are therefore to be abandoned which resort to any secondary anatomical cardiac alteration. 2. So also, theories are untenable which explain some of the peculiarities of these murmurs, but leave others unexplained. 3. As none of the numerous hypotheses fulfil both of these conditions, a new one must be sought which rests solely on the existence of anæmia, and at the same time accords with clinical observations. 4. Of the many murmurs arising in the circulatory apparatus, only the venous hum can be considered analogous to the anæmic heart-murmur, since only this is due in like manner, and exclusively, to an under-filling of part

or the whole of the vascular system with blood. 5. Venous murmurs are produced as soon as the lumen of the jugular vein becomes so narrow, on account of the imperfect distension, that the bulbous acts only as a sudden dilatation in which consequently the fluid makes eddies and noises. The anæmic heart-murmurs arise through an imperfect filling and consequent narrowing of the great veins emptying into the heart. The small quantity of blood contained in them pouring into the wide-open auricle, produces here also eddies and noises. 6. Since the bulbous venis jugularis is kept permanently open by the cervical fascia, the venous hum is continuous. The auricle, on the other hand, is only open during its diastole, and its murmurs are therefore intermittent. 7. The re-expanding of the relaxed auricle is brought about by the influx of venous blood, the negative thoracic pressure, the displacement of the atrio-ventricular septum by the ventricular systole, and the simultaneous contraction of the great veins over-distended during the auricular systole. Only the last three factors have any influence in producing an active dilatation by which the auricle exerts a sucking action on the venous blood. 8. The diastole of the auricle begins with the commencement of the ventricular systole. It is only at this moment that the three factors alluded to act together on the auricle, and at this time, therefore, the auricular aspiration and the production of the eddies and murmurs must be the strongest. Usually, indeed, the murmurs are only heard at the beginning of the systole. Later, during the ventricular systole, only the negative thoracic pressure is acting on the auricle. 9. The conditions for the development of a murmur are much more favorable in the left ventricle than in the right, because on the left side the pressure of the veins is greater, the retraction of the atrio-ventricular septum is more marked, and, especially, the veins are of much narrower lumen than on the right side. Anæmic murmurs must accordingly predominate in the left auricle. 10. Eddy-murmurs in the left ventricle (including such as are regularly formed in mitral insufficiency) are best heard over the position of the auricle in the second left intercostal space; or over the ventricle down to the seat of the apex. The predominant occurrence of anæmic murmurs in the pulmonary and mitral areas agrees with this statement. 11. The development of anæmic murmurs in anæmia, cachexia, fever, etc., and the modification of the murmurs under different conditions may all be satisfactorily explained by the two factors; altered degree of fullness of the pulmonary veins and change in the aspiratory power of the left auricle. 12. Anæmic murmurs in the right auricle develop with much greater difficulty, and are to be heard under the upper and middle third of the sternum. Clinically they occur very seldom. The rare *diastolic* anæmic murmur is to be heard over the course of the superior cava, and must be considered a diastolic accentuated portion of a jugular venous hum.—*Amer. Jour. Med. Sci.*, September, 1889.

CHRONIC CONSTIPATION A CAUSE OF PERNICIOUS VOMITING OF PREGNANCY.
—Dr. Wiesel describes a case of pernicious vomiting of pregnancy in which the usual treatment not only failed to relieve, but actually aggravated the patient's sufferings to such a degree that she begged her attendant to procure a miscarriage. It was finally decided to employ rectal injections of milk. Two decilitres of warm cow's milk were injected per anum, and after ten minutes the patient was ordered to drink a half-cupful of hot milk. The enema was expelled after an interval, but without any admixture of feces. The quantity of milk injected was therefore increased to eight decilitres, with eight grammes of salt added thereto. After eight hours a fluid stool of most foul odor was expelled. Another such injection brought out hard scybala, and these were followed by a copious natural stool. For the first time in a long while she enjoyed a natural sleep without nausea or vomiting, and in the morning she enjoyed her warm drink of milk with the yolk of eggs. Her bowels remained regular for three weeks, when the constipation recurred, and the nausea and vomiting returned. The same treatment was adopted as in the first instance, and again was successful. This case should lead physicians to give more attention to the state of the bowels in their pregnant patients.—*Wein Med. Presse*, 29, 1889.

(Schüssler recommends sodium chloride, potassium sulphate, and silica, for this obstinate constipation. When we bear in mind how readily habitual constipation can produce a paresis of the muscular coats of the intestines, and the readiness with which reflex symptoms may occur during pregnancies, we can well understand the relief to be obtained by unloading the bowels. Magnesia mur., opium, and plumbum, should be studied as possible remedies in such cases. Natrum mur. has among its symptoms inactivity of the bowels.—S. L.)

REMOVAL OF OBESITY IN THE TREATMENT OF ARTICULAR AFFECTIONS.—Volkman believes that his treatment in the case of articular affections in stout subjects should be better known. He says that he often meets with persons, who, in consequence of former diseases or from congenital defects, suffer from debility or from deficiency of one or both lower extremities, and in whom it is advisable to take off some of the superfluous fat in order to lessen the weight that the lower extremities have to carry. Cases of defects in the lower extremities, with absolute or relative obesity calling for such treatment may be found in diverse disturbances and pathological states of the lower extremities, as congenital luxations, rachitis, genu valgum, talipes valgus, resection in the hip or knee-joint, infantile paralysis, and certain deformities. Our attention should also be given to gonitis crepitans, a condition almost exclusively found in multipara, who, in their younger years, were of rather slight build, but who between the ages of 30 and 40 became rather corpulent and began to find themselves unable to walk any distance without causing rheumatic pains. Putting the hand on the patella and making passive motion at the knee-joint in these cases, a fine grating is heard in the joint; and this grating is entirely different from the grating heard in cartilaginous defects or caries. A strict and scanty diet, massage, douches, inunctions, Swedish movements, aided by suitable orthopædic measures will often result in remarkable and beneficial changes. Marienbad in Bohemia is often the Mecca for such fat and delicate women.—*Wien. Med. Presse.*, 30, 1889.

TUBERCULOSIS FROM EAR-RINGS.—Unna, of Hamburg, reports the case of a girl of healthy parentage, and who herself was in perfect health, to whom was presented the ear-rings which had been the property of a friend who had died of phthisis. Ulcers soon appeared on the lobes of her ears, especially on the left side. These ulcers were flat with undermined edges. The cervical glands on the left side became tumefied; the bacilli of tuberculosis were found in the discharges from the ulcer and in the sputum. Phthisis florida appeared, and soon carried off the patient.—*Wien. Med. Presse.*, 30, 1889.

ASPIRATION OF THE BLADDER.—In some cases of retention of urine in which introduction of the catheter is difficult or impossible, suprapubic puncture and aspiration of the bladder offers the best chance for the relief of the patient; especially, as in some cases, the function of the bladder may be restored after one or more punctures, or, at any rate, the introduction of the catheter rendered more easy. Posener mentions three cases, one of stricture, one of prostatic hypertrophy and a third with malignant tumor of the prostate, where the faulty application of the catheter produced hemorrhage, and in which repeated aspiration made introduction of the catheter easy.—*Ber. Klin. Wochenschr.*, 30, 1889.

ERYTHROPHLEINE.—Dr. Carl Koller experimented with erythrophleine on his own eyes, by instilling two drops of a 0.125 per cent. solution. Two minutes after doing so he experienced a severe burning sensation in the eyes; the conjunctiva became injected and lachrymation set in; the burning increased; the surrounding skin reddened, and the pain radiated over the corresponding side of the face to the ear and nose. These pains reached their acme after twenty minutes, and disappeared after about forty minutes. Under the influence of the drug the cornea became insensible to touch; this anæsthesia lasted for several hours. The sensitiveness of the part was diminished even on the following morning. About an hour and a half after beginning the experiment, vision became dull, as if there was a light fog over objects; this was due to a dimness in the corneal epithelium. Towards evening he could not read moderately large print. Around the light he saw colored rings, the inner ones blue, and the outer ones red. After nine hours the colored rings, and after eleven hours the dimness of vision, disappeared.

Dr. Koller says that he has used erythrophleine in a number of cases for the production of local anæsthesia, to aid in the removal of foreign bodies from the cornea. While its use here has been attended with success, he still prefers cocaine for this purpose, as it causes much less local irritation than does erythrophleine, and, moreover, does not produce dimness of vision.—*Wien. Med. Presse.*, 28, 1889.

THE ACTION OF A JET OF COLD WATER IN CHLOROFORM ASPHYXIA.—Michou in experimenting on dogs found that these animals when nearly asphyxiated by chloroform, could be revived by the projection of a jet of cold water upon the cervical region, thus showing the powerful action of this agent on the neighboring

nervous centres. It may be worth while to try this simple procedure in case of accident during surgical operations.—*Semaine Medicale*, 31, 1889.

PERIPHERAL NEURITIS IN THE MUSCULAR ATROPHY OF HEMIPLEGIC PATIENTS.—Dejerine, in his examination of a number of hemiplegic patients with muscular atrophy, found the atrophy more marked in the upper extremities than in the lower; and especially severe in the muscles of the hands rather than in those of the forearm and arm. In some cases previously reported by other neurologists, a diminution in the number of ganglion cells in the gray matter of the cord, especially in the cervical enlargement, was found; but Bouchard and others affirm that the gray matter is always intact in such cases. Dejerine examined the cord in four hemiplegics, and found its gray matter absolutely normal, and could only make out a descending sclerosis of the white matter. But the nerves corresponding to the atrophied muscles, especially those about the thenar eminence, showed great changes. Most nerve tubes had disappeared, and were replaced by empty sheathes and by many tubes of small calibre. Peripheral neuritis seems to be of rather frequent occurrence in the muscular atrophy of hemiplegic patients. In all four of Dejerine's cases, the reaction of degeneration was found. In cases in which the atrophy is not well developed, the electrical reactions may not show much of a departure from those of health. The spinal origin of the amyotrophy of hemiplegics may be regarded as exceptionable, for when the atrophy is light, no pathological changes are found post-mortem, and when severe, only a peripheral neuritis can be blamed for it.—*Semaine Medicale*, 31, 1889.

DIAGNOSTIC SIGNIFICANCE OF INCREASE OF THE KNEE PHENOMENON AND OF THE FOOT CLONUS.—In an interesting article on this subject by Th. Ziehen, the author arrives at the following conclusions: An increase of the phenomenon in both knees may be regarded as morbid, and significant only if foot clonus exists at the same time. An increase of the phenomenon in one knee only is always a symptom of disease. In healthy adults, foot clonus is extremely rare; consequently, a pathological symptom. In children, even when healthy, foot clonus occurs parallel with a physiological increase in the knee phenomenon; especially in early years increase of the knee jerks seems the rule. For adults the following holds good: Foot clonus not accompanied by other marked objective symptoms, is indicative of epilepsy or neurasthenia; with hemianæsthesia, of hysteria, in acute atrophies, of amyotrophic lateral sclerosis; with simultaneous intention tremor, of multiple sclerosis; foot clonus with spastic parietic walk, of spastic spinal paralysis, with disturbance of speech and idiocy, of progressive paralysis, multiple sclerosis and epilepsy; with anæsthesia and paralysis of the lower half of the body, of dorsal and cervical meningitis. Foot clonus on one side, with hemiplegia or monoplegia of one leg, indicates a cerebral, organic, or hysterical affection more frequently than a spinal organic affection.—*Journal of the American Medical Association*, August 24, 1889.

AN ANEURISMATOSCOPE.—To aid in the diagnosis of aneurism of the descending aorta, Dr. Schnell recommends the use of the following instrument: An elastic tube the size of an œsophageal sound, closed at its end, and with a glass tube inserted into its upper end, is filled with a colored liquid and introduced into the œsophagus. When aneurism is present its pulsations can be seen by means of the oscillations of the liquid in the tube.—*Münchener Med. Wochenschr.*, 30, 1889.

TREATMENT OF SPASTIC WRY-NECK.—Amussat has demonstrated that the contracted sterno-cleido-mastoid in this affection is hypertrophied, and the one on the opposite side is atrophied. Vigoureaux, in his treatment, pays no attention to the contracted muscle, but applies the induced current every other day for fifteen minutes to the atrophied muscle, and in such strength that the head is forced to lean over to that side. In two weeks the head is kept straight.—*Deutsch. Med. Wochenschr.*, 30, 1889.

ERGOT IN CHILDBED.—Dr. Pinzoni, of Bologna, in the *Bolletino delle Scienze Med. Bologna*, series vi., vol. xx., reports some interesting clinical experiments in order to determine, with something like precision, the value of ergot in childbed. He administered ergot systematically to ninety-one lying-in patients, generally in the form of about 2 grammes of the powder daily. Seventy-nine similar cases were treated without ergot. After comparing the series, he came to the following conclusions: Ergot has little or no influence on the temperature; at the most a slight

rise is occasionally observed. It hastens the pulse a little, yet has no marked influence on the physiological slackening of the pulse observed during the first days after delivery. The physiological increase in the secretion of urine during the first days is favored by ergot. The involution of the uterus, according to Dr. Pinzoni's researches, is either totally uninfluenced by ergot, or slightly retarded. The escape of the lochia remains normal when that drug is given, but clots, as universal experience has proved, are more readily expelled. The lochia seldom smell fetid when the ergot is taken. Ergot delays the after-pains in primiparæ, and lessens them when they have already commenced. The secretion of milk is retarded and lessened by ergot, and sometimes completely suppressed. Ergot seems, in the belief of Dr. Pinzoni, to be a prophylactic against puerperal fever, an indirect antiseptic agent. When infection has already taken place, ergot appears, on the other hand, to hasten the entrance of the virus into the circulation.—*British Med. Jour.*

TREATMENT OF ALOPECIA PRÆMATURA.—Dr. Oscar Lossar in the *Therapeutische Monatshefte*, states that alopecia (præmatura) furfuracea is the commonest form of baldness, and is, according to the author, extremely contagious, and can be experimentally communicated from man to the lower animals, while every day it is unconsciously being spread widely among the general population. No specific organism has as yet been isolated, but he gives a number of cases to prove the contagious nature of the disease. The following treatment is recommended as being efficacious in most cases: The hair is washed daily with tar or other soap for ten or fifteen minutes, after which the soap is carefully removed with abundance of water. It is then rubbed with the following lotions: (1.) Hydrargyri perchloridum ($\frac{1}{2}$ per cent. sol.) 150 parts, glycerin and eau-de-cologne of each 50 parts; 2 β -naphthol 1 part, absolute alcohol 200 parts. After careful drying, the following pomade is to be used: Acid salicylic 2 parts, tincture of benzoin 3 parts, olive oil to 100 parts. The cure may take six weeks or longer, and careful prophylaxis with regard to brushes and combs must be carried out.

NERVOUS COUGH.—Dr. Paul Koch (*Wiener Klin. Wochenschr.*, July 25, 1889), at the last meeting of physicians in Cologne, delivered an address on the subject of nervous cough, at the close of which he stated the following conclusions which his researches had caused him to arrive at: 1. The existence of a purely nervous cough cannot be denied, although the term is often misapplied. 2. The diagnosis can only be determined after the perfect soundness of the organs of the chest and abdomen has been confirmed. 3. The pathognomic symptom is a cough of unvarying sameness in the individual affected. 4. The multiplicity of curative measures for this affection is a proof of their inefficiency. The disease usually cures itself. A sea voyage or a change of air and scene acts most beneficially.—*Medical News.*

APPLICATION OF ICE IN THE TREATMENT OF PNEUMONIA.—Dr. Fieandt, writing in *Duodecim*, a Finnish medical journal, states that he has now treated no less than 106 cases of pneumonia with ice, and with the best results. Though ten of the cases were of double pneumonia, only three out of the whole number succumbed, notwithstanding that the epidemic was by no means a slight one. The method adopted was to apply over the affected lung an India-rubber bag containing ice continuously for from twelve to twenty-four hours after the crisis. In addition to the local treatment, the patients were given such medicines as are usually employed, that is to say, opium, ipecacuanha, digitalis, brandy, etc. The method has, we may remark, received of late some attention in England.—*Lancet*, August 10, 1889.

THE RELATIVE GROWTH OF ORGANS OF THE BODY.—Oppenheimer summarizes from 943 autopsies as follows: 1. The weight of the body reaches its highest point sooner in the female than in the male. The bodily weight of the adult man is usually about twenty times that of the infant, whilst that of the adult female is eighteen times that of the infant. 2. The growth of the lungs greatly exceed that of the body in general. 3. The heart grows nearly in proportion to the body. 4. Similarly the spleen and kidneys. 5. The liver and brain grow relatively slower than the general organism.

THE MICROBE OF OLD AGE.—A Neapolitan physician, Achille Malinconico by name, claims to have discovered that senility is nothing else than an inherited disease, due to the ravages of a microbe which is already in the organism at birth. He hopes, shortly, to discover the remedy with which to combat this inconvenient microbe. (Next!)—*Allgem. Homœop. Zeitung*, Bd. 119, No. 7.

MONTHLY RETROSPECT

OF HOMŒOPATHIC MATERIA MEDICA AND THERAPEUTICS.

CONDUCTED BY

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PROVINGS.

A PROVING OF GELSEMIUM.—In the August *Medical Advance* appears the following, by Dr. George Logan, as the effects of two pellets of the 1000 potency on Mrs. Logan:

"First. A few moments after taking the medicine there is an extreme feeling of restlessness; not able to be still for a second; keep turning and twisting all the time. This is succeeded by intense pain over the right eye; always the right. It seems as if my forehead would come right over my eyes and close them. My eyes feel as if they were turning into my head; roll up all the time. Then a strong inclination to commit suicide; want to throw myself from a height; invariably think of going to the window and dashing myself down; feel as if it would be a relief. This is succeeded by an inclination to weep, and I generally have a good cry; but before I cry, and while the feeling lasts of wishing to throw myself from a height, I clench my hands, and nervous rigors or sensations run all over my body down to my fingers and toes; it seems as if I would lose my senses. Then a great dread of being alone seizes me, and I am afraid of what might happen; think I may lose all self-control. The pain still continues over the right eye, and often the back part of my head seems to have a spot, about four inches square, that is turning to ice. These feelings are followed by a strong inclination to talk or write, very great exhilaration, and a better opinion of my mental capacity; indeed, it seems as if my memory was better; that I can recall almost anything I ever read; nearly always repeat long passages of something to myself that I have read years before. It appears to me that I can remember almost anything I love to recall. Now this is my invariable experience whenever I take gelsemium, no matter whether in the third or one thousandth potency, and I have been in the habit of using it for twenty years. I am writing this under the influence of the drug. I could not give the symptoms so accurately at any other time.

"As I am getting over the effects of the drug, I have to urinate every few minutes. While suffering I like to have people in the room; have a perfect horror of being alone. I find cinchona an antidote for most of the symptoms, but it leaves me much exhausted, thoroughly exhausted, and with a wish to be quiet.

"There is no imagination about this, as I have frequently been given gelsemium without my knowing what I was taking; but in ten minutes I could tell to a certainty by the symptoms I have tried to describe."

Her husband prescribed the drug for her for insomnia and also for headache.

MATERIA MEDICA.

HOMŒOPATHIC REMEDIES USED IN CORNEAL ULCERATIONS.—In a paper on "Corneal Ulcers and Their Treatment," read before the Texas Homœopathic Association, Dr. H. F. Fisher gives indications for the following remedies:

Aconite—Superficial ulceration of the cornea resulting from traumatism; first stages of ulceration caused by exposure in the open air; conjunctiva red, sometimes

chemosed; photophobia and lachrymation, or most often the eye is dry, hot, burning, very sensitive to air; patient restless, thirsty, and feverish.

Apis.—Ulcers of the cornea, which are often vascular; photophobia and lachrymation; burning, stinging pains, sometimes shooting through the eye; lids oedematous and swollen; thirstlessness and drowsiness.

Argentum Nitricum.—Ulceration of the cornea in new-born infants, or in cases of purulent ophthalmia, with profuse discharge from the eyes; halo around the light, with darting pains through the eye morning and evening; pains better in cool, open air, and aggravated in a warm room; lids generally red, thick, and swollen; conjunctiva chemosed; the discharge is profuse and whitish-yellow.

Arnica.—Ulcers (caused by traumatism), with hypæmia (or blood in the anterior chamber).

Arsenicum.—Chiefly in superficial ulcerations occurring in scrofulous, anæmic, restless children; ulcer has a tendency to recur first in one eye, then in the other; excessive photophobia; hot, burning, acrid, and profuse lachrymation; burning, sticking, twitching pains in the eyes, worse at night, especially after midnight; cold water aggravates, warm water may relieve; eyeball sore to the touch; conjunctiva red, sometimes chemosed; lids swollen externally and very sore internally, spasmodically closed, and often excoriated by the discharges.

Asafetida.—Ulcers accompanied by iritic pains, which extend from within outward, relieved by rest and pressure.

Aurum.—Ulcer of the cornea occurring during pannus and ophthalmia in scrofulous subjects; cornea quite vascular; patient irritable and sensitive to noise; photophobia; lachrymation profuse and scalding; eyes sensitive to touch; pains extend from within outwards, and are worse from touch.

Calcaria Carbonica.—Corneal ulcers in fat, unhealthy children who sweat profusely, especially about the head, and are susceptible to cold air; deep ulcers in weak, cachectic individuals; the pain, redness, lachrymation, and photophobia are variable; remedy selected by the concomitant symptoms; if there is enlargement of the glands, cervical and faucial, the *iodide of calcaria* is to be preferred.

Cantharis.—Ulcers caused by burns, with burning pain and lachrymation.

Chininum Muraticum.—Ulcers of malarial origin or in anæmic conditions, especially if the iris becomes affected; severe pains in or above the eye, periodic in character and accompanied by chills; ulcers with pannus, with excessive pain in the morning.

Cinnabaris.—Variable pains above the eye, extending from the internal to the external canthus, or running around the eye; photophobia and lachrymation.

Conium Maculatum.—Very important when the surface only of the cornea is ulcerated; intense photophobia and much lachrymation; lids spasmodically closed and tears gush out upon opening them; discharge slight; variable pain; little or no redness of conjunctiva; strumous habit; enlarged glands.

Euphrasia.—Ulceration in earliest stage; photophobia; profuse, acrid, burning lachrymation, with profuse, acrid, yellowish-white muco-purulent discharge from the eyes; blurring of the eyes, relieved by winking; conjunctiva red; eyes smart and burn.

Graphites.—Ulcers in scrofulous children, who have eczematous eruptions in the head and behind the ears; eruptions moist, fissured and gluey; superficial ulcers from pustules; deep ulcers with hypopion; cornea vascular and conjunctiva injected more or less; intense photophobia; profuse lachrymation; variable pains; discharge thin; edges of the lid very red, or covered with scales; cracking and bleeding of the external canthi; acrid discharge from the nose.

Hepar Sulphur.—One of the best remedies in ulcer of the cornea, especially for deep, sloughing ulcers with hypopion; ulcer rapid in growth; intense photophobia; profuse lachrymation; great redness of cornea and conjunctiva; chemosis; severe throbbing, aching, stinging pains, better from warmth, worse from cold or from uncovering the eye; eye very sensitive to the touch; lids swollen, red, spasmodically closed, bleeding easily upon opening them. For hypopion *hepar sulphur* is the best remedy; strumous habit and very cross children.

Kali Bichromicum.—Indolent ulcer, with no active inflammatory process; no photophobia nor redness; pains slight and variable; stringy discharge.

Mercurius Solubilis.—Valuable in superficial and deep ulcers, especially in syphilitic or strumous subjects; cornea at the ulceration is vascular, may be surrounded with a grayish opacity; marked redness of the conjunctiva; great dread of light, especially at night; profuse, burning, excoriating lachrymation; discharge thin and

acid; pains variable, often severe, always worse at night and in extreme cold weather; better temporarily from cold water; lids thick, red, swollen and exco-riated, sensitive to contact, cold and heat (if extreme) and forcibly closed.

Mercurius Corrosivus.—The preceding symptoms are more severe, and iritis com-plicates the corneal ulceration.

Mercurius Nitricum.—In ulcers of all kinds, with all kinds of symptoms, but es-pecially if there is a tendency to the formation of pustules. Used empirically.

Mercurius Ruber.—Ulcer of the cornea, with pannus; granular lids; other symp-toms of mercury.

Mercurius Proto-iodide.—In serpiginous ulcers beginning at the margin, extending over the whole or a portion of the cornea, especially the upper part, involving only the superficial layers, occurring in cases of trachoma and pannus; great vascularity of the conjunctiva and cornea, and excessive photophobia; thick, yellow coating at the base of the tongue.

Natrum Muraticum.—Ulcers appearing after the use of caustics; child lies with the head buried beneath the pillow to relieve the excessive photophobia; acid lachrymation; thin, excoriating discharge; lids swollen; variable pains, often sharp and piercing, above the eye when looking down; shining eruption around the eye on the face.

Nux Vomica.—Superficial ulceration of the cornea, with excessive photophobia in the morning, better during the day; injection varies, as does also the pain; pro-fuse lachrymation; neuro-paralytic affections of the cornea; in cases overdosed with medicines.

Pulsatilla.—Superficial ulcers following phlyctenules; thick, white or yellow bland discharge; symptoms ameliorated in the open air; mild temperament.

Rhus Toxicodendron.—Superficial ulceration; excessive photophobia and lachry-mation; tears gush out on opening the lids, which are spasmodically closed; super-ficial ulceration, with granular lids; profuse flow of tears; redness of the eye; con-junctiva chemosed; lids, especially the upper, œdematously swollen; vesicular erup-tion around the eye; symptoms worse in damp weather and at night, after mid-night; rheumatic diathesis.

Silica.—Chronic ulcers, with hypopion; small, round ulcers, which tend to perfo-rate; very sensitive to cold.

Sulphur.—Chronic ulcer, with hypopion; sharp, sticking, needle-like pains in, or sharp, shooting pains through, the eye into the head, from 1 to 3 o'clock A.M.; in-tolerance of light; profuse lachrymation; all symptoms aggravated by bathing; scrofulous subjects.—*Southern Journal of Homœopathy*, August.

REMEDIES OF SERVICE IN HYPERTROPHIC RHINITIS.—Dr. F. F. Casseday, in a paper read before the American Institute of Homœopathy, after discussing the local and surgical treatment suitable for nasal catarrh, gives the medicinal treatment.

“For scrofulous patients, *calcareæ*, *nitric acid*, *mercurius* and *apia* are very efficient medicines. For defective assimilation, especially when associated with constitu-tional taint, *calcareæ* has no superior. Patient is very susceptible to external influ-ences, such as cold, heat, noise, excitement or currents of air, glandular enlargements, adiposis and profuse sweating. Nose is apt to be dry at night, but moist during the day. Exceeding dryness in posterior nasal cavities; snuffs a great deal. Espe-cially useful in cases showing a tendency to phthisis, even where incipient phthisis is present, and there is pharyngeal and laryngeal congestion.

Nitric Acid.—For syphilitic cases, eustachian tubes are obstructed; gets choked up so he has to leave the table when eating; soreness of the larynx; strong urine; relieved by motion or riding in a carriage.

Mercurius.—Preferably the *proto-iodide*. Septum nares sore and edges of nostrils covered with crusts; plugs form in nose, and when expelled are tinged with blood; tonsils and fauces inflamed; sensitive to cold, damp air, and worse in the spring.

Sepia.—Dark hair and sallow complexion; catarrhs, associated with uterine de-rangements; dark brown, offensive urine. In cases where there is a loss of smell or fetid odor from the nares, it is a valuable remedy; aggravations occur from cold, wet weather and the use of acids.

Where there is a paucity of local symptoms, observe carefully concomitant symp-toms. Under unhealthy skin consult *sulphur*, *rhus toxicodendron*, *arsenic* and *hepar sulphur*.

Sulphur.—Psoric dyscrasia; flashes of heat, slight perspiration and a sensation of weakness; heat in face, and rush of blood to head; faint about 11 A.M., and

must eat; heat on top of head; morning diarrhoea, driving out of bed; dislikes the bath; itching in nose, and formation of scabs.

Rhus Toxicodendron.—Bad effects from severe wetting in rain; stuffed sensation in nose; vesicular eruptions about nose and mouth; rheumatics; aggravation by rest, before a storm, in damp weather.

Arsenic.—Chilliness, loves to stay near the fire; in malarial poisoning and in patients suffering from defective assimilation; dryness of nasal cavities, odor is offensive to patient; corrosive discharges, especially under *iodide of arsenic*; weakness, characteristic thirst, burning pain; oedema, notably about the eyes and nose.

Hepar Sulphur.—Glandular enlargements; slight wounds suppurate easily; moist eruption on head and extremities; acute sense of smell; boring aching at root of nose from 7 to 12 A.M.; dorsum of nose sensitive to the touch; perspires easily and without relief.

Remedies deserving special mention are: *alumina, phosphorus, silica, staphysagria, sanguinaria, thuja, kali muriaticum, natrum muriaticum, graphites* and *lycopodium*. *Borax* also acts well internally in conjunction with its local use.

Alumina.—Ulcerations; scurfs in the nose; nose stuffed up with thick, yellow mucus; septum is swollen, painful to the touch; redness of nose; dryness of nose, especially on waking from sleep; voice is husky and thick; mucus accumulates in posterior nares and annoys by dropping into throat; tightly adhering phlegm, difficult to dislodge; atony of bowels.

Phosphorus.—Worse on going out on windy days; suppressed or very acute smell; fulness in nostrils, especially left; burning and dryness in the throat and irritated uvula; aphonia, evening; hoarseness, with soreness behind the sternum and sense of weight in the chest; inclined to emaciation; aggravated by excitement, eating and drinking.

Silica.—Anæmic constitutions, with imperfect assimilation, purulent secretions; chronic dryness, often from an arrest of a foot-sweat; ulcers in nose, or excoriated membrane covered with crusts; nose cold; itching at tip of nose; then corrosive or curdy discharges; loose cough, with tendency to purulent expectoration; catarrhal symptoms, usually worse in the morning; the voice is husky, with a sensation of roughness in the larynx; sensation of hair on the tip of tongue; sweat toward morning.

Staphysagria.—Ulceration in nostrils; swelling of glands of neck; limbs sore as if bruised.

Sanguinaria.—Right side; burning in throat after eating sweet things; better from breathing cold air; suitable for persons with catarrh who are subject to sick headache.

Thuja.—Painful ulceration and scabs in the nostrils; swelling in wings of nose, with hardness and tension; offensive, purulent discharge from nostrils; nose dry and stuffed, worse evenings; painful pressure at root of nose; constitution syphilitic; moist excrescences, persistent sleeplessness, profuse night-sweats, staining clothes yellow, as if saturated with oil.

Kali Muriaticum.—Mucus membrane red and furred; ulceration, especially syphilitic.

Natrum Muriaticum.—Chlorosis and malarial condition; constipation, with difficult expulsion of stool; loss of smell; posterior nares dry, alæ red, hot, swollen and sore; scabs in the nose; worse on left side; dryness alternates with discharges.

Graphites.—Persons inclined to be fleshy; lymphatic temperament; chronic eruptions; foul-smelling mucus, dry scabs, with sore or cracked and ulcerated nostrils.

Lycopodium.—Excessive dryness of the nose is characteristic of this remedy; acute smell; pain in the temples pressing inward; scurfs in nose, followed by acrid discharge, or discharge of elastic plugs somewhat periodically; tendency to hepatic affections; excessive accumulation of flatus in bowels.—*North American Journal of Homœopathy*, August.

REMEDIES FOR THE TREATMENT OF THE INSANITY OF PREGNANCY.—Dr. J. H. Crippen, in the *Journal of Obstetrics* for September, gives the following remedies as of service in the treatment of the insanity of pregnancy. We summarize briefly the principle indications:

Bromide of Potassium.—Puerperal mania, when attended by ferocious or erotic delirium.

Chamomilla.—Mental erethism; angry and out of humor; irritability amounting to incivility; cannot bear to be spoken to or interrupted; slight irritations of the mind produce great anguish and distress; she seeks a cause for quarreling.

China.—Mania following hæmorrhage, or after prolonged lactation; excessive sensitiveness of the whole nervous system, debility, exhaustion, intolerance of noise; extreme anxiety and apprehensiveness; sees persons and objects on closing the eyes that disappear so soon as the eyes are opened.

Cuprum Aceticum.—Mania appearing in paroxysms; confused look; at times she is apparently in full possession of her faculties, yet is liable to paroxysms of howlings, which come suddenly and unexpectedly.

Hyoscyamus.—Acute mania; excitation without inflammation; many angular, flexile motions; fears poisoning, and may angrily refuse medicine on account of this fear; imagines pursuit by demons; somebody is trying to take her life; she springs out of bed to escape the imaginary foe; objects look too large, or are of a blood-red color; sometimes objects appear too indistinct, that is, have an unnatural sharpness of outline; patient talks of subjects connected with every-day life, jumping from subject to subject; face not red, or only slightly flushed; pupils usually dilated; patient lies awake for hours; during delirium the patient is silly, and laughs in a flippant manner; silly, idiotic expression on the face; may become lascivious, throw the covers off, and attempt to uncover the genitals.

Ignatia.—Melancholia; despairs of her salvation; imagines she has been faithless to her husband; weeps bitterly; tense abdomen; cold hands and feet; desires to be alone with her grief.

Lilium Tigrinum in Comparison with Sepia.—Dr. S. H. Talcott gives the following indications: "Lilium and sepia find an important place in the treatment of depressed and irritable women. The troubles in such cases originate largely in the mal-performance of duty on the part of the generative organs. Both lilium and sepia cases are full of apprehensions, and manifest much anxiety for their own welfare. In the sepia cases, however, there are likely to be found more striking and serious organic changes of the uterine organs, while the lilium case presents either functional disturbance, or a very recent and comparatively superficial organic lesion. Lilium is more applicable to acute cases of melancholia, where the uterus or ovaries are involved in moderate or subacute inflammation, and where the patient apprehends the presence of a fatal disease, which does not in reality exist. The lilium patient is sensitive, hyperæsthetic, tending often to hysteria. She quite readily and speedily recovers, much to her own surprise, as well as of her friends, who have been made to feel by the patient that her case was hopeless. "The sepia patient is sad, despairing, sometimes suicidal and greatly averse to work or exercise. There is, however, often a good reason for the patient's depression; for, too frequently, she is the victim of profound organic lesions, which can, at best, be cured only by long, patient and persistent endeavor."

Opium.—Furious mania, with distortion of the features, bloating and redness of the face, bluish redness and swelling of the lips; exalted imaginations; frightful visions of ghosts, demons and horrid beasts.

Platina.—Very proud and haughty; excitation of the sexual passions, with voluptuous crawlings and tingling in the genitals; nymphomania; melancholia, thinks she is not fit for the world, is tired of life, but has a dread of death; feeling of great personal superiority; persons are looked down upon as inferior and insignificant; she is out of sorts with the world, for everything seems too narrow; objects about her look to be smaller than natural.

Pulsatilla.—Depression of spirits; sad, weeping mood; solicitude about her salvation; disposition to suicide, but fear of death; chilliness, flashes of heat, cold hands and pale face.

Stramonium.—Mania, wild or merry; delirium, with a bright red face; the eyes have a wild and suffused look; terrifying hallucinations; the patient sees animals springing up from every corner; loquacious delirium, at times a merry mood, at others he has the horrors—laughing, singing, and making faces one minute, the next praying or crying for help; desire for company and for light, with fear of the darkness.

Sulphur.—Despondency; religious melancholia, with despair for her salvation; irritable and taciturn; slowness of body and mind during the day; indisposed to do any labor; mania; she spoils her things and throws them away, imagining she has everything in abundance; she imagines she has beautiful dresses; looks upon old rags as beautiful dresses.

Veratrum Album.—Furious mania; wild shrieks; protrusion of the eyes; bluish and bloated face; anxiety; frightened at imaginary objects; lasciviousness, lewdness in talk; endeavors to kiss every one; coldness of the surface of the body, with cold sweat on the forehead.

Veratrum Viride.—Mania, with arterial excitement; pulse small, but very frequent; eyes red.

INDICATIONS FOR AMBRA GRISEA IN GYNÆCOLOGICAL PRACTICE.—Engorged uterus; pelvic tissues relaxed and weakened; menses too early, too profuse, and accompanied by nosebleed; discharge of blood between the periods; extra efforts, as of straining at stool, or any excitement, brings on a slowly-oozing metrorrhagia; "bluish leucorrhœa" in lumps; constipation; thin, scrawny, nervous women.—*Hom. Jour. of Obstetrics*, September.

INULA (elecampane) has been found, like *sepia*, to produce uterine pains and bearing-down; also dragging in the genitals, backache, urging to stool and micturition.—*Hom. Jour. of Obstetrics*, September.

"*TILIA EUROPEA* will sometimes be found useful in puerperal metritis when there is an intense sore feeling about the uterus. It is also characterized by marked bearing-down, with hot sweat, which gives no relief."—"Gynecic Etchings," *Hom. Jour. of Obstetrics*, September.

CHINA IN RENAL CALCULUS.—Dr. Gilchrist, speaking of the relief of pain in renal calculus, says: "I use *china* low. *China* does these two things: It increases the amount of urine, so there is less friction, and allays the spasm of the muscular coats of the ureter."—*Northwestern Journal of Homœopathy*, September.

SOME REMEDIES FOR SURGICAL INJURIES.—Dr. P. J. Montgomery, in an article on "Homœopathy in Surgery," gives the following good indications:

"If I find numbness, concussion, more or less shock, with bruised appearance and little bleeding, *arnica* is the remedy.

"For trivial injury, where there is scarcely anything to be seen, but there is high fever, patient thinks he is most killed, while the whole trouble is a little disturbance of the arterial circulation, the case calls for *aconite*.

"Severe congestion, face flushed more or less, delirium, patient raves about the injury, moans and thinks the moaning relieves him, calls for *belladonna*.

"The *bryonia* patient does not want you to set his bones or dress his wounds; he wants 'to go home' and die; a bad patient for the hospital; breathes as though every breath would be his last.

"The *rhux toxicodendron* patient wants you to do something for him, and not wait to talk about it; is not satisfied; is generally injured about the joints.

"The *hypericum* patient has usually been 'treading on nails,' or tried to stop a runaway, or got drunk, laid out in the gutter to sleep, and the rats have bitten him.

"The *nux vomica* patient is generally hurt about the spinal cord; he feels very sick, and wants you to pull down the blinds, go out of the room, and see if he will not feel better.

"The *ruta* patient has been out in the street, and had a battle with some one who has kicked him on the shins, punched him in the ribs, or pounded his head, but not his face. He has laid out a great deal of strength, and he will tell you nearly every bone in his body is broken.

"The *gelsemium* patient is nervous, exhausted; pulse frequent, soft, weak and fluttering; looks at you with the appeal of a drowning man; wants you to raise him up, it will make him feel better.

"The *calendula* patient has cut himself accidentally, or some one has been carving him up. Use it externally.

"The *opium* patient is not there. He has gone to the land of profound slumber. He looks at you, but will not see you. You can dress his wounds, set his bones, and he will scarcely say a word.

"The *sulphuric acid* patient is an old case, and is beyond *arnica* or *ruta*.

"The *hepar sulphur* case was hurt last week, and there is an abscess, for which you will be called upon to make a prognosis.

"The *sulphur* case will call for cold stones instead of hot bricks."—*Northwestern Journal of Homœopathy*, September.

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A NOVEL WAY TO CONTROL THE FURIOUS STRUGGLES OF SOME
MANIA-A-POTU PATIENTS AND ITS PHYSIOLOGICAL
EXPLANATION.

BY WM. A. HAMAN, M.D., READING, PA.

(Read before the Homœopathic Medical Society of the State of Pennsylvania, September
17th, 1889.)

ONE evening I was invited by my friend Dr. Marks, of this city, to accompany him to see a patient delirious from the prolonged use of whiskey. We went to one of our hotels, and in one of the rooms, guarded by three porters, was our patient, who was struggling desperately below his keepers, who were piled promiscuously on top of him, and had more than they could do to keep him down. As the result of the struggle seemed to be in doubt, Dr. Marks walked to the bedside and placed his hand on the anterior cervical region of the patient, whereupon he immediately fell over and apparently slept, but in reality was unconscious. This state lasted two or three minutes, during which he did not move. He then opened his eyes, appeared dazed for a moment and was then immediately perfectly rational. Dr. Marks called me aside and explained the mystery. He had placed the palmar surface of the distal phalanx of his right thumb upon the upper rings of the trachea and had given a sudden firm but *momentary* pressure with the immediate result as described. While I was talking with the patient, my friend craftily ordered the porters out of the room and followed them, leaving me alone with the sick man whose hallucinations made him pugnacious. The hallucinations, as usual, affected the sense of vision only. He accused an uncle of having been instrumental in having him deprived of part

of his patrimony. As a result of this loss he indulged in great excesses and precipitated an attack of mania-a-potu. He conversed rationally and coherently some five or ten minutes, when suddenly the vision of his "bald-headed, cock-eyed, hunch backed" uncle, very apt descriptive terms, by the way, appeared before him. He immediately commenced to argue with him about business affairs, became obstreperous, shook his clenched hand under the imaginary nose, and then made a desperate attempt to annihilate his obnoxious relative. He leaped towards me, but before he could grasp me I made the described pressure on the skin covering the upper part of his trachea, with an immediate result. He had four or five such attacks while I was alone with him, and yet I controlled him as easily as one would a child. I kept my hand on his shoulder and slid it forward to the trachea as soon as he gesticulated violently. I saw him the next day; his hallucinations had ceased to disturb him. I expected to find the anterior part of his neck very sensitive, but he minded nothing at all except, when pressure was made upon it, he felt some uneasiness. Three days after he was on the street again. Dr. Marks informed me that he had used this procedure a number of times before in controlling the excessive violence of some patients confined at their homes and always satisfactorily, and never experienced any evil after-effects.

In explanation of this singular phenomenon I offer the following physiological facts: It is a fact well known that puncture of the medulla oblongata in a certain spot will destroy the respiratory function. The activity of this function is not the only one that can be influenced by premeditated injury to the bulb. Puncture in the central line not extending through the substance of the medulla will be followed by glycosuria through disturbance of the innervation of the hepatic and abdominal vascular systems and, if the operation be skilfully performed, the animal will fully recover.

Some years ago Brown-Séquard's physiological experiments established the fact that puncture in a certain region of the floor of the fourth ventricle effects a reduction, to the lowest possible state, of the nutritional changes of the organism, during which state the blood within the veins runs as red as that in the arteries, the protoplasmic tissues being, as it were, in a state of suspended animation, the tissues neither absorbing oxygen nor disengaging carbon dioxide.

Another similar operation revealed the fact that the activity of the cerebral cortex may be suspended, resulting, of course, in unconsciousness. Later experiments by the same physiologist have resulted

in equally interesting and important discoveries, viz., the establishment of a reflex relationship of the anterior cervical region with the brain and bulb.

These experiments demonstrate that mechanical irritation of the skin of the neck covering the larynx and trachea has the power of inhibiting the sensibility of the body ; further, that mechanical irritation of the larynx and trachea proper, and probably of their superjacent skin, possesses the power of causing death by abolishing the activity of the cerebral cortex, inhibiting respiration and stopping the heart, through the medium of the pneumogastric nerves, in the same way as though the medulla itself were irritated.

In making these experiments, attention was chiefly directed to the resulting analgesia. The effects were found to vary in intensity according to the structures irritated ; the maximum effect being produced by irritation of the parts directly supplied by the vagi, the mucous membrane of the trachea and of the larynx (ramification of the superior laryngeal nerve) ; the minimum effect being produced by irritating the skin covering the throat and especially of that over the larynx proper. It appears that incision of the skin is the most effective way of producing analgesia, but it is not the only irritation possessing this property.

Brown-Séquard observed in a great number of cases, especially in dogs and monkeys, that after incision, longitudinally or transversely, through the skin covering the anterior cervical region, he could lay bare, cut, bruise, galvanize, and even burn the tissues in the anterior two-thirds of the neck without causing any great pain, and sometimes without appearing to cause any pain whatever.

As one writer has suggested, these facts may explain the remarkable persistency and determination of suicidal patients bent on accomplishing their destruction by throat-cutting and repeating their incisions apparently at the cost of great pain ; also, the painlessness of tracheotomy being partly due, no doubt, to the incision, and not solely to the effect of the imperfectly aerated blood on the cerebral centres.

I do not wish to be understood as recommending the somewhat questionable procedure of pressure on the trachea to be used whenever mania-a-potu patients become violent. My object in describing it is to indicate how it is possible to control maniacal subjects, and to show the evident connection between it and the physiological experiments of Brown-Séquard, and to record a procedure that, so far as my limited acquaintance with medical literature extends, I believe

has not been previously described. Also to show that by the described physiological experiments some medico-legal questions hitherto unsatisfactorily explained can now be made clear.

The question as to the possibility of doing fatal violence to the nerve-centres through undue pressure on the trachea and larynx, through the skin covering them, very naturally presents itself for consideration, and must be answered affirmatively.

There is a man, Kerner by name, serving a term in our county prison for killing his wife, and yet no signs of physical violence could be found, although a neighbor saw him holding his wife by the neck shortly before she was found dead, and he confessed to having strangled her. It seems their domestic relations had, for years, been somewhat infelicitous, and he would occasionally vary the monotony of their existence by choking his wife. At his trial he confessed that during a quarrel he grasped his wife's neck from behind, while she sat on a chair, and clinched it tightly. He relaxed his hold in a short time, and, not dreaming that he had done anything unusual, his amazement and horror can be imagined when he found that he had throttled his wife. Not knowing at first what to do, he decided to attempt concealment. He carried her up stairs, put her on a bed, and, throwing some coal oil on it, set it on fire and left. The fire department was soon called to the house, and the corpse was found in bed burned about the head and singed about the neck.

The story of the neighbor who saw him holding his wife by the neck a short time before the alarm of fire soon lodged Kerner in jail. At first he denied having had anything to do with his wife's death. The coroner ordered an autopsy. A friend of mine made it, and found that the burns were very evidently made *post-mortem*, and that the most careful dissection of the tissues of the anterior cervical region, from the lower jaw to the sternum, failed to show the slightest sign of a traumatism or any abnormality whatever, the mucous membrane of the larynx and trachea being perfectly normal. The face was placid, and the conjunctivæ and the relation of the eye-balls to the orbits were also normal. At the trial, my friend, Dr. E. Z. Schmucker, deposed that the autopsy could not define the cause of death; that the burns were produced after death, and that the tissues of the neck bore no evidences of strangulation. Kerner confessed substantially as I have stated, and, because of the conflicting expert testimony regarding the possibility of strangulation occurring and leaving no evidences, the jury found him guilty of murder in the second degree.

This case can be explained by no other hypothesis than that his position behind his wife caused his finger-tips to meet in the central part of the anterior cervical region, and he thus brought undue pressure to bear directly on the trachea or larynx, which was unduly prolonged, and although not sufficient to bruise the tissues, yet it suspended consciousness, stopped breathing, and inhibited cardiac action through the reflex relationship of the anterior cervical region through the pneumogastric nerves with the encephalic centres.

This case shows the danger of firm and prolonged pressure.

In the mania-a-potu case, the pressure was decided but *momentary*, and it was this difference in the length of time the tissues were under pressure that made the procedure dangerous in the one instance and not in the other.

In the case I saw, the patient's condition during the period of unconsciousness resembled that of natural sleep, the breathing being regular and the pulse regular in rhythm and not slow. The fierce mental and physical excitement preceding this state no doubt prevented any marked slowing of the cardiac contractions. Pressure made on the trachea of a person in repose would, I think, make a more profound impression on the heart. The danger is in direct ratio to the amount of force used, and the length of time it is exerted.

The most important relation this phenomenon bears to medicine is the medico-legal, and it explains some of the peculiarities connected with strangulation. Strangulation without marks, admittedly very rare, has always been a riddle. Tidy thinks it "must depend upon the use of a soft yielding ligature, suffocation being added to slight preliminary constriction of the throat." This does not explain it at all, since, according to this explanation, suffocation would be the cause of death and not strangulation. I should think, in the light of the facts I have collected, strangulation, without mark, would be the result of pressure limited to the trachea and larynx. When a large mass of tissue is subjected to constriction, the movable trachea escapes with less pressure, and so much more force is required to occasion death, and, of course, the greater is the likelihood of marks remaining.

It is well known that homicidal strangulation may be effected when people are about without any disturbing noise attracting notice. The immediate unconsciousness following decided pressure on the trachea is a sufficient explanation. Probably the notorious "Jack the Ripper" is aware of this procedure, and gets his absolute control of

his victims by this method, and so is able to pursue his mutilations in the streets of London within a few feet of the policemen. If his first onslaught were always made with the knife, it is very probable that one or more of the ten or twelve women murdered by him would have had time to make some outcry.

It may here be remarked that hanging is also almost immediately followed by unconsciousness. In proof, Dr. Hoffman, of Vienna, offers the fact that "no person ever attempts to rid himself of the rope, even when all that is necessary to effect this would be to stand upright." In hanging, the constriction is almost invariably between the chin and larynx, and the force being the weight of the body, the injury done to the neck in cases not attended with fracture of the vertebræ, is to the carotids, jugulars, and pneumogastric nerves. Unconsciousness is doubtless owing to injury to all of these structures, although Prof. Hoffman attributes it to injuries of the trunks of the vagi.

It is well known that one man, very inferior to another, may accomplish his death by strangling or throttling him. This has received a somewhat ridiculous explanation, Tidy's supposition being that the surprise of the attack deprives a powerful man of his presence of mind and muscular power. Given the retention of consciousness under such an unexpected attack, there can be nothing better calculated to arouse mental activity, and to give the strength born of desperation, than the threatened sudden extinction by strangling of so vital a function as respiration. Unfortunately, however, the activity of the cerebral cortex is in abeyance as soon as the pressure in the central line of the neck over the trachea and larynx is decided, and when the surroundings of the person strangled indicate a desperate struggle, then the force used in effecting strangulation was so adjusted that the initial pressure did not produce unconsciousness.

Whether the experiments on animals have been confirmed since their publication by Brown-Séquard in 1887 or not, I do not know, but I am convinced that the experiment on the mania-a-potu case, and the recorded peculiarities attending strangulation, go far to confirm them.

NEW METHODS AND MEDICAL BOARDS.

BY J. P. DAKE, M.D., NASHVILLE, TENN.

It is apparent to the most casual, as well as the most constant, reader of the day that the great leaders of old-school medicine are moving all their forces to procure the erection of medical examining boards in all the States of the Union.

And the object of such boards, in the light of old as well as more recent experience, is not hard to understand. It is not for the protection of the people, the *salus populi*, nor for the advancement of the art of healing, as generally claimed by their advocates, but for selfish purposes. It is for the repression of the heterodox and, so, the limitation of competition in the practice of medicine. It is especially to prevent the progress of homœopathy and eclecticism, organized or unorganized, in the United States. It is to limit the scope of investigation and the range of therapeutic methods to the will and licensure of the American Medical Association and its auxilliary societies and colleges.

Were this statement denied it would be an easy task to present overwhelming proofs of its truthfulness, in the history of such boards in the past, in their doings now, and in the bills every year pressed upon the legislatures of the several States in their interest.

It matters not how lofty the claims put forth by the American Medical Association and its hireling lobby to deceive the people and the law-makers of the land, the fact remains that the creation of boards for the regulation of the practice of medicine is, above all things, for the benefit of the societies, colleges, journals, text-books, apothecaries and practitioners indorsed by that association as "regular."

In States where homœopathy has acquired influence enough to prevent the passage of their bills, offers have been made to allow homœopathic representation on the proposed boards, an insignificant minority representation, not sufficient at any time to defeat the censorship intended.

In cases, as in New York, where the friends of homœopathy have asked for a separate board for each existing school of medicine, the agents of the American Medical Association have been up in arms, making a most desperate fight for a single board. This fact alone is enough to silence forever the clamor of the old school as to the high and honorable motives actuating them in asking for medical boards. What better proof is needed of their selfish and ignoble aims?

If boards were intended for the elevation of medical schools, the extension of the college curriculum and the improvement of the whole profession in the art of healing, why refuse to allow each existing school of medicine to have its own board?

The first move made by them and every step taken thereafter is upon the assumption that they alone have a high standard as to the necessary qualifications of the practitioner and as to the organization and management of a medical college and the conduct of a medical society or journal. It is assumed that they alone are the proper judges as to what is best for the people, and they seem to have no hesitation in applying the term "quackery" to every method not in accord with their own beliefs and teachings. So much for old school boards.

SEPARATE BOARDS.

But it becomes us to inquire as to the status and influence of separate medical boards.

Suppose the legislature of New York, at its next session, should enact a law that there should be three independent boards of medical examiners in that state, one allopathic, one homœopathic and one eclectic, the members of each to be appointed by the Governor, upon the recommendation of its respective State society—and assuming that there would be coherency enough among the constituents of each to render it a working unit in behalf of its own school and its own methods—what would be the effect upon the general interests and progress of medicine?

Looking over the State of New York, there may be seen a number, not insignificant, of medical men, and a large number of people who have no confidence in the methods of the allopathic school, nor in those of the homœopathic, nor yet in those of the eclectic. Some of them are fully persuaded that all manner of curable diseases will yield to hygienic measures and baths and electricity without the employment of drugs, in large or small doses, allopathically or homœopathically applied.

Some believe chiefly in massage and the movement cure, some in the efficacy of animal magnetism, while not a few seem willing to trust the sufficiency of faith in prayer.

For all such there is no board of examiners. Either they must be a "law unto themselves," or hypocritically take a license from a board that can know little or nothing of their ability to heal and in which they have no confidence whatever. If they presume to extend aid to the sick without the license of a board they are fined or im-

prisoned. Thus the great State of New York would have erected a State medicine having three standards, allopathic, homœopathic and eclectic, with three boards, each endowed with the functions of an inquisition, and authority to put down all practitioners who are not ready to submit to the terms prescribed by one of the powers of the authorized trinity.

What a sight, in free America, to see the healing of the sick, the ministration of one citizen in behalf of another in times of sickness and suffering prohibited by statute law, under pains and penalties, except as allowed by sectarian boards, each striving to maintain its own orthodoxy and its own supremacy.

But such boards for the regulation of the practice of medicine are not only unjust and oppressive to those upon the field who have no official protection, but they are discouraging if not directly prohibitory as to the new idea, the new method that may arise in after times. State medicine, no more than State religion, will tolerate innovations.

If the lion, the tiger and the leopard lie down together—if by sufferance they allow each other to share in a common domicile—they are not any the more likely to spare the lamb that comes in their way.

The want of enterprise and invention in individuals sustained by law and made judges over their competitors, is generally equalled only by their arrogance and arbitrariness. It was well said by the celebrated *Heberden*: "The practice of physic hath been more improved by the casual experiments of illiterate nations, and the rash ones of vagabond quacks, than by all the once celebrated professors of it and the theoretic teachers in the several schools of Europe, very few of whom have furnished us with one new medicine, or have taught us better to use our old ones, or have in any one instance at all improved the art of curing disease."

Since the days of Hahnemann and Preissnitz and Ling, and John Howard and Florence Nightingale and Miss Dix, it will not do to look to medical boards nor college faculties for all new departures and new remedies and all needed improvements in the art of healing. The whole history of medicine admonishes us against boards of medical censors authorized to prevent obnoxious innovations, measures and means heterodox to one generation and orthodox to the next. Invention does better where freedom reigns and where smiles more than frowns greet the new idea.

But there is no need of a multiplication of facts and arguments in this case. It is the plain duty of every physician, however educated and however affiliated with others, especially of those who have felt

the power of oppressive legislation, to stand up manfully against all State boards, whether called old school, homœopathic or eclectic.

The talk of elevating the standards of medical education and getting rid of quacks and impostors and protecting the "dear people" by such means is a delusion and a snare.

Let societies require diplomas, and let the people have a register at the county clerk's office, upon which every practitioner is compelled by law, under oath, to tell what he has done to qualify himself for the care of the sick and the injured.

Let the ministry of cure be free, and let the people have such aid as they may prefer, and employ such attendants as they may choose after being duly enlightened by the State as to the probable qualifications of all who offer service. Surely the States of this republic should have as fine a sense of and as scrupulous a regard for the rights of the individual citizen as may be seen in England. There the government does not pretend to dictate to the individual as to his medical attendant when sick, nor as to his means of cure. If one desires the old style of drugging he can have it. If one prefers homœopathy he can take it. If one wants baths, or electricity, or massage, or sunshine, or the laying on of hands, or prayer, he is free to take it, so far as the government is concerned. But when the medical man comes to perform an act required by and for the government, the British parliament requires him to be a registered physician. To be able to make out a certificate of disability, of lunacy, or of death, he must have studied a certain number of years and been examined by a board appointed for the purpose and been duly registered.

The position taken by the American Institute, at Lake Minnetonka last June, is the only proper one, against all restrictive legislation in regard to the practice of medicine, and in favor of individual freedom; but, where boards are to be established, a separate one for each school of medicine, or an equal representation on a single board.

The people are not asking for medical boards. Legislators are generally averse to them, and they may be prevented by a united and vigorous opposition to them on the part of our societies and practitioners.

Let us oppose them, not simply because they are unfavorable to *our* school, but because they are useless and wrong, however constituted and however named.

They are wrong in principle and pernicious in practice, and belong to the darker ages of the past.

REMARKS UPON SOME FORMS OF ŒDEMA NOT DEPENDENT UPON
DISEASE OF THE HEART, LIVER, OR KIDNEYS.

BY CLARENCE BARTLETT, M.D., PHILADELPHIA, PA.

(Read before the Homœopathic Medical Society of the State of Pennsylvania, September 17th, 1889.)

WHEN sending the title of this paper to the Corresponding Secretary of our Society, I gave it as announced on the programme: "Unusual Forms of Œdema." It did not take long to show me that this title was too exclusive, as some of the cases to which I wished to refer, while not frequently described in medical literature, were still far from being infrequently met with. I have therefore selected the title which now heads this communication: "Remarks on Some Forms of Œdema not Dependent upon Disease of the Heart, Liver, or Kidneys."

My attention was first brought forcibly to this subject by a case which came under my treatment during the past winter. The patient was a married woman, twenty-six years of age, who, with the exception of some uterine disease, was in comparatively good health up to the time she was seized with the ailment for which she consulted me. The trouble made its appearance rather suddenly in the morning with severe headache, swelling of the entire body, and high fever. Later, the body began to feel as if bruised all over. When I first saw her she had a temperature of $104\frac{1}{2}^{\circ}$; the entire body was extremely sore, as if bruised, and excessively sensitive to touch; the headache, from which she was also suffering, was severe, and deprived her of sleep; the urine was scanty, and deposited a heavy sediment on cooling; it contained no albumin. No other sediment than the urates was found by examination with the microscope. Her most remarkable symptom was the universal œdema. The eyes were swollen, almost shut; the arms and legs were swollen; the conjunctivæ were so highly chemosed as to almost protrude from between the lids. Apis 1x was prescribed. The temperature was but 99° F. on the following morning, and in a few days the patient was entirely well.

I have never been able to explain the above case satisfactorily. No description of a transitory œdema found in either text-books or journals is, in all respects, like it. That it was one of the forms of angio-neurotic œdema, or an œdema dependent upon vaso-motor neurosis, is self-evident.

Of œdemas from vaso-motor disturbance we seem to have quite a variety, at least so far as the clinical pictures of the cases are concerned. Probably the most frequently met with of these is the acute circumscribed œdema of Quinke. This author, in describing the affection, says that it bears a striking resemblance to giant urticaria. I would suggest that it is not seldom dependent upon the same cause as urticaria for its being, if it is not a modification of the same disease. I make this statement because of having seen one case of this affection in a young lady of twenty-three, who had frequently suffered from urticaria. One morning she awoke with a stiff, swollen feeling of the face, due to œdema of that part. The urine was perfectly normal. In the afternoon the œdema disappeared, and urticaria appeared on the extremities. There was no itching of the face, in fact, no abnormal sensation except the tense, swollen feeling referred to. In describing this affection, Quinke says that the malady manifests itself by the appearance of œdematous swelling of the skin and subcutaneous tissues in circumscribed spots, from two to ten centimetres in diameter. While they generally appear upon the extremities in the vicinity of joints, they may also invade the body and face. When involving the latter locality, they are especially prone to attack the eyelids and upper lip. The swollen portions of the skin are not, as a rule, reddened, but are pale and translucent in appearance and not sharply defined. The only subjective sensation present is one of tension in the swollen part, itching being but rarely felt. Not only the skin but the mucous membranes may be involved. Thus the mucous membrane of the larynx may become so swollen as to give rise to difficulty in breathing. In one case certain symptoms of the stomach and bowels suggested that these organs were involved in the pathological process. The disease is usually of sudden onset, and appears simultaneously in different parts of the body, and, after an existence of from several hours to a day, disappears almost as quickly as it came. Successive crops of the œdema may appear, and thus prolong the duration of the trouble to several days or even weeks. Throughout the course of the affection the general health is rarely disturbed. Occasionally an indefinite prodromal indisposition may be experienced, or during the attack itself heaviness of the head, thirst, and diminution in the quantity of urine excreted. A rise in the temperature of the body has never been observed. According to Quinke, men are more prone to the affection than are women. Most of the patients are of an irritable, nervous temperament. In some cases the malady may be hereditary.

A case of acute circumscribed *œdema*, having a very unusual cause, is reported by Matas in the *New Orleans Medical and Surgical Journal* for October, 1887. The patient was an Italian woman, who had had no other ailment in her life than child-birth and malaria. She was affected with a peculiar disfigurement of the face, which came on each day between the hours of 8 A.M. and 1 P.M. It consisted of an *œdematous* condition of the upper lip, which caused that part to rise to the level of the nostrils, obstructing the nares and projecting two or three inches beyond the surface of the teeth. The swelling came on gradually, and increased in intensity for several hours, reaching the point of maximum intensity at 1 P.M., after which it gradually subsided. The swelling was perfectly painless. A careful examination showed the heart and kidneys to be perfectly normal; there was no *anæmia* or *dyscrasia* of any kind. Neither the cheeks nor the eyelids participated in the swelling. She had the affection for two months. Owing to the periodicity of its appearance, malaria was assumed to be its cause. Accordingly, quinine was prescribed. In two days' time the whole trouble had disappeared, and did not return.

Some of the published descriptions suggest that acute circumscribed *œdema* may involve very peculiar portions of the body. Thus Riehl reports a case in which the *œdema* involved the tissues in the orbit back of the eyeball, producing marked *exophthalmos*. There were also, in this case, swelling of the eyelids and *chemosis*. Meynert claims that in some cases the *œdema* may form in the brain and lead to sudden death. I have always attributed the severe headache which I described at the opening of this paper to increased intra-cranial pressure from cerebral *œdema*.

In some cases of acute circumscribed *œdema* the condition may occur only during the menstrual period. Thus, Dr. Bache McE. Emmett relates the case of an unmarried woman *æt.* thirty-two, who, at each menstrual period, had a localized *œdematous* condition confined about the left eyelids with *ptosis*.

Bassi reports a case of unilateral *œdema* recurring in an hysterical young woman at each menstrual period. There was no disturbance of the general health, although the patient was described as delicate. The *œdema* was limited to the right half of the body. There was no difference in the temperature, color, or sensibility of the two sides. There were signs of congestion of the lung on the affected side. The right ovary was painful. Both *corneæ* and the fauces were *anæsthetic*.

Dr. Tom Robinson, in reporting a case of fugitive œdema of the eyelids in a woman passing through the climaxis, remarks that he has often seen localized œdematous conditions in women during the menopause. These swellings appear on the hands and arms, are preceded by pain, and disappear in a few hours or after exercise. He also directs attention to localized œdemas of the face and eyes following attacks of hemicrania.

Illingworth regards these œdemas about the lower eyelids as due to passive congestion of the infra-orbital region, causing a mechanical block to the passage of the venous blood, and the consequent local serous effusion. His experience led him to assert that the œdema was associated with pain in the temporal region of the affected side.

Rheumatic œdema is a form of œdema about which but little seems to be known. It has been studied by Potain, Ferrand, Farnet, Davaine, and others. It has also been described as rheumatismal pseudo-erysipelas. It may occur in a person the subject of acute rheumatism or of the rheumatic diathesis. As an example of this affection may be quoted the case reported by Proust: The patient had general acute rheumatism, complicated by patches of erythema and purpura rheumatica. The arms were the seat of large blotches of acute rheumatic œdema. The patient died suddenly from acute intestinal obstruction. The autopsy showed that a fibrinous exudation into the meshes of the cellular tissue was the pathological change to which the œdema was due. In some cases the œdematous spots are very hard, so hard, in fact, as to give rise to the impression that they are tumors. The extremely variable conditions under which rheumatic œdema shows itself may make its diagnosis a difficult matter at times.

It is said that local œdematous conditions may occasionally occur and complicate the course of certain organic nervous diseases, as *tabes dorsalis* and *myelitis*. While I have treated a large number of cases of the former of these affections, I have not yet met with this complication. Mathieu and Voigt, who have made a special study of the subject, have come to the conclusion that these œdemas are no evidence whatever of diffused kidney disease, but simple trophic disturbance due to alterations in the nutrition of the skin and the subcutaneous tissues. They have noted that these œdemas frequently select for their appearance places which had previously been the site of the lancinating pains.

Several times I have met with cases, generally patients of poor general health or of very nervous constitution, in which the face

presented a more or less constant oedematous appearance. I have had the opportunity of watching some of these over a great length of time, and have never noted any serious disturbance in the health as a concomitant. The only explanation that seems admissible in these cases is that the lowered condition of the general health has permitted of a paretic condition of the vaso-dilator nerves and the consequent oedema.

Lastly, I would refer to certain cases of oedema resulting from localized pressure. One of the most interesting of these that ever came under my care was that of a patient, a man aged sixty-three years, suffering from cancer of the stomach. This man had been a hard drinker all his days. The first symptoms to indicate the disease were severe pains in the epigastrium and in the back about opposite to the epigastrium. Along with this pain there was persistent vomiting. The latter symptom was very promptly and permanently controlled by washing out of the stomach on alternate days. The pain, on the other hand, grew gradually worse. The heart and kidneys were normal. Most careful examination of the abdomen showed nothing objectively wrong. The case went on from bad to worse. Finally, oedema of the feet appeared and increased in severity until the lower extremities were distended almost to bursting. About one month before the patient died, enlargement of the supra-clavicular lymphatic glands was noticed. Then, for the first time, a tumor was detected in the epigastric region. At the *post-mortem* examination it was found that the cancer had started in the retro-peritoneal lymphatics and extended forward, involving the stomach and pancreas in its course. It had also extended around the descending vena cava, obstructing the return circulation from the lower extremities, and so causing the oedema.

A still more unusual case of local oedema is that occurring in a patient now under treatment. Without going into extensive detail concerning the history of the case, it is sufficient to say that the patient is a woman, forty-two years of age, suffering from tumor of the brain. She has marked inco-ordination of gait, excessive patellar reflexes, severe occipital headaches, periodical attacks of syncope, double optic neuritis, and vomiting. Every once in a while there appears an intense oedema of the left side of the face. The left side of the brain is the side on which I suppose the tumor to be. The kidneys are perfectly normal. The seat of the tumor, in this case, can hardly have any direct effect in causing the oedema, although the increased intra-cranial pressure may play its part. The only point in the

brain at which pressure could produce œdema of the face would be on the cavernous sinuses, into which the facial vein empties. This cannot be the location of the tumor in this case, as the symptoms at once indicate.

The above remarks do not exhaust the subject I have chosen by any means. They merely present, in a cursory manner, some of the facts already known on the subject, and serve to direct attention to a class of ailments which, though often of a trivial nature, are generally the cause of great anxiety on the part of the patient.

THE IMPORTANCE OF THE PROPER ADJUSTMENT OF WELL-SELECTED GLASSES.

BY W. H. BIGLER, M.D., PHILADELPHIA.

(Read before the Homœopathic Medical Society of the State of Pennsylvania, September 18th, 1889.)

THERE is, perhaps, nothing in the experience of an oculist more annoying, yea, exasperating, than the continuance of asthenopic symptoms where a recognition and careful correction of errors of refraction have induced us to promise speedy relief. Such cases are often very troublesome, and, at times, obscure. That they are not rare is shown by the many cases that we, no doubt, all have, who come to us from other oculists unsatisfied and unrelieved, having been put off with the poor comfort that they must accustom their eyes to the glasses. It is no uncommon occurrence to have them complain that this "breaking-in" process has been going on for six months or more without any apparent prospect of relief.

That it does require a little time for the strained ciliary muscle to reconcile itself to enforced rest cannot be denied, but this time will be but short provided the glasses given really answer *all* the existing conditions of the case. We are safe in assuming that, in the majority of the cases referred to, the sense of comfort and relief is wanting because of a want of harmony between the action of the ciliary muscle and of the external muscles of the eye; that it is therefore a muscular asthenopia taking the place of the previously existing accommodative asthenopia, and in many cases actually induced by the newly-prescribed glasses.

From the following considerations it will become evident how

much the proper adjustment of the prescribed glasses has to do with removal of such symptoms :

1. Without conscious effort the eyes always seek to obtain the best vision possible, and therefore, on looking through lenses, always endeavor to look through their centres, and are not contented with any other line of vision.

2. It has been demonstrated that there is always a certain relation existing between the acts of accommodation and of convergence. While this is acknowledged, we must remember that this relation is *not* a fixed one (except for each individual case), capable of being expressed by a formula which shall be applicable to every case. The necessity for individualization is here very apparent, and the points particularly to be considered in seeking to determine approximately the value of this relation are : the amount and character of work that the eyes have been called upon to perform, and the conditions under which it has been performed. To illustrate : In the case of one who has, for a long time, been obliged to exert the ciliary muscle on near work requiring great care, the amount of convergence, associated with a certain amount of accommodative effort, is greater than in the case of a child who has been attending school for but a short time, and is also more permanently fixed, and cannot therefore be disassociated without discomfort. In the former case, a correction of the error of refraction, and a relief of the accommodative asthenopia, would *not* be followed by comfort in the use of the eyes unless provision was, at the same time and in some way, made for the new relation established between the convergent and accommodating efforts. In the latter case, that of the youthful scholar, the adjustment of the selected glasses would be a very simple matter.

3. Attention has been called by Jackson, at the section of ophthalmology of the American Medical Association, June, 1887, to the fact that any obliquity of a lens to the visual axis alters the strength of the lens, a cylindrical lens acting as a stronger cylindrical lens, and a spherical one as a sphero-cylindrical. The extent of this alteration was shown in a table, according to which, at an inclination of 30° , a cylindrical lens of 1 D. became equal almost to 1.50 D. (exactly 1.45 D.), and at 40° nearly equal to 2 D. (exactly 1.99 D.); while a spherical of 1 D. at an inclination of 30° became equal to 1.09 sph. combined with .35 cy.; and at 40° equal to 1.16 sph. combined with .83 cy.

It is both interesting and instructive to illustrate the truth of the above statements while testing the refraction. After having ex-

amined and carefully corrected each eye separately, if we then place the respective glasses in a sliding frame, it is not difficult to convince ourselves how easily comfort can be changed to discomfort or absolute distress by increasing or decreasing the distance between the centres of the lenses by holding them too high or too low, or by tilting them out of the proper plane.'

From the above considerations the following practical points naturally follow :

It is the duty of the oculist to disregard entirely the misleading term "pupillary distance," occurring in so many of the opticians' blanks, and the idea implied by it, remembering that the actual pupillary distance has really *per se* nothing whatever to do with the proper adjustment of the glasses, and that the distance between the centres of the lenses, necessary to give comfort to the patient, is the only practical point to be determined. This distance is in each case to be measured by actual trial, and cannot be determined theoretically. It may be too great, or it may be too small, more frequently the former. In the one case it will call upon the external recti-muscles, in the other upon the internal, for an unusual amount of activity, and in both will be productive of discomfort and reflex symptoms.

If by the glasses prescribed we relieve the eyes of a certain amount of accommodative effort, we thereby relieve those particular eyes of a certain, for *them fixed*, amount of convergent effort, and the centres of the glasses must be so placed as to correspond with the pupils when the eyes are exerting just that amount, and no more, and no less. This is, I think, the most important point, and the one too frequently neglected. Many, by de-centring the lenses, while leaving the frames to correspond to the normal "pupillary distance," seek to obtain the effects of prisms in order to relieve muscular asthenopia. I prefer to make the adjustment altogether by means of the so-called "saddle bridge." This allows of changes sometimes rendered necessary by changes in the power of the respective muscles, at the same time that a more exact adjustment is practicable in the first instance.

Again, where spectacles are used, if the sides, either straight or hooked, be too loose, they will allow the frame to slip down on the nose, and by bringing the centres below the horizontal line of vision will cause either an uncalled for change in the strength and character of the lenses by their obliquity, or muscular asthenopia by the con-

stant effort of the inferior rectus to enable the eyes to look through the centres.

On the other hand, the bridge may be too short, or of a faulty curve, whereby the glasses will be thrown up too high for near work, and a similar sense of discomfort and muscular asthenopia will be produced here in the superior rectus.

Again, either from careless handling on the part of the patient, or, less frequently, from ignorance on the part of the optician, the plane of the one glass may not correspond exactly to that of the other. Here the discomfort will arise from the want of correspondence in the action of the muscles of accommodation in the effort of each eye to see clearly. In some cases this effort at unequal action is ineffectual, and a very slight blur in vision will result. This is peculiarly aggravating to one of nervous temperament. I would wish here again to emphasize the fact that slight unconquerable errors of refraction and the consequent slight indistinctness of vision are much more frequently the source of obscure reflex nervous symptoms than are greater errors and poorer vision. A constant nervous tension is kept up by the tantalizing effort to clear up the vision entirely, while in great imperfections the effort is recognized as fruitless, and abandoned.

The above are some of the many causes productive of the various forms of heterophoria, which Stevens, of New York, has relieved by operation, but which can be cured by the proper adjustment of the carefully selected lenses. While his method may be the more brilliant, the latter is certainly the more scientific.

OCCIPITO-SACRO-ILIAC POSITIONS, MANUAL RECTIFICATION.

BY ELIAS C. PRICE, M.D., BALTIMORE, MD.

IN the *Homœopathic Journal of Obstetrics and Diseases of Women*, vol. iv., page 395, I published an article on the above subject, in which I gave the history and treatment of ten cases of occipito-sacro-iliac positions that had occurred in my practice.

In the same journal, vol. ix, page 25, I published seven more cases of a similar kind; and, for the benefit of new subscribers who might not be in possession of the fourth volume, I recapitulated the treatment. Since then I have simplified the operation in some degree, which I will presently mention.

Since writing the above I have had, up to the present time, August 30, 1889, ten more cases, making twenty-seven (27) altogether. Three of these were delivered without the aid of forceps, after rotation had been effected; in six forceps were used after rotation, and one was delivered face upwards and unaided during my absence, I having gone home for nitrite of amyl to administer to relieve rigidity of the os uteri.

In four other cases I rotated the head, not because the forehead was under the pubis, but because the head remained in the same position in which it passed through the upper strait (ear under the pubis), and failed to make the usual rotation when it came down on the perinæum, and the birth was delayed solely on that account.

Of the twenty-seven cases, seven of them, for various reasons, were delivered face upwards. Two because I did not suspect the position; one was born while I was absent; one because I could not keep the head in position while I applied the forceps, and one was so small (premature) that I thought it a matter of no consequence. So it leaves us twenty cases successfully rotated, to say nothing of the four cases that failed to accomplish rotation unaided.

We have a loss of one child in twenty, or one in thirty-one if we include all the cases.

Churchhill, in describing the presentation, "The Forehead Towards the Arch of the Pubis," says: "In 23,050 cases the face was turned to the pubis 72 times, or, about 1 in 320. As to the result to the child, of 22 cases where the result is specified, 9 were lost."

It is said that Smellie, more than a century ago, rotated one case; he evidently rotated with the forceps. Clarke, Burns and others, stated that rectification *could* be brought about in many cases by the use of the fingers alone; and, among accoucheurs of our own day, Murphy and Wevedale West have emphatically expressed their views in favor of the *possibility* of this proceeding. Does this look as if they had ever *accomplished* it?

Leishman next discusses the time when rectification should be attempted, and the mode of accomplishing it. He says we should take nature for our guide, and press the forehead upwards with two fingers, in the direction of the ilio-pectineal eminence, on the side in which it lies. He warns us that it will probably take time to accomplish our purpose, but should we fail, we may, as Dr. West suggests, attempt to pull down the occiput with the instrument called the vectis, whilst continuing the pressure with the fingers as before.

I do not know what Leishman calls Dr. West's *dernier resort*, but I do not call it rotation.

In regard to time required by the mode that I shall presently describe, after the patient has been anæsthetized, and I have introduced my hand and ascertained the position of the ear, rotation can generally be accomplished in from one to two minutes.

For more detailed accounts, I refer the reader to the two articles before mentioned, but as it may not be an easy matter for every one to obtain them, I repeat the instructions here. Sometimes the head of the child is so compressed that the fontanelles are nearly obliterated; therefore it is not always safe to trust to a diagnosis made from an examination of the fontanelles alone. If the head appears to rest up above the pubic bone, and does not descend downwards and backwards and fill the hollow of the sacrum, you may suspect a face-upwards case.

RULES.

1st. Never attempt any manual interference until you have confirmed your previous diagnosis of the position of the head, by introducing your hand and ascertaining the position of the ear. If the helix points towards the sacrum, you know that the forehead is directed towards the pubis.

2d. Never attempt the above examination until the patient is completely anæsthetized.

3d. Always, if possible, rotate the body of the child before attempting to rotate the head.

4th. As the forehead generally points towards either one or the other acetabulum, always rotate in the direction that the face already points.

5th. Push the head up if you find it difficult to make the rotation.

6th. If you think there is a malposition, try to ascertain the fact, and, if necessary, rectify it as soon as the os is sufficiently dilated to admit the hand.

I have always operated with the patient lying in the usual position in bed. In some cases, if the patient be a primipara, it might be advisable to place her in the position for using the forceps in the upper strait.

OPERATION.

The patient being unconscious, you lubricate the hand and also the soft parts of the patient, close down the thumb and introduce the hand into the vagina, find the ear, and, if your diagnosis is confirmed, push the head gently up, pass the finger-tips into the uterus, place

them on the front part of the shoulder near the end of the clavicle, and rotate the body in the desired direction. Then, as you withdraw the hand, seize the occiput in your palm and rotate it towards the pubis. If the uterus is not too firmly contracted upon the body of the child, you will have but little difficulty in making the rotation; but if the uterus is very firmly contracted, you will find it otherwise. I sometimes apply the forceps and deliver at once; if I think the pains will be sufficient themselves, I wait.

The above are the directions as previously published; latterly I have modified and simplified the operation to some extent. I do not always find it necessary to introduce the thumb. I first make the attempt to elevate the occiput towards the pubis, by placing the fingers on the posterior part of the temporal ridge, and pushing it up in that direction; keeping my hand in that position, I now wait for the return of the pain. With each pain I elevate the occiput more and more, and by the time the head has come down on the perinæum, I have the occiput under the pubis. I have sometimes pursued this plan when the uterus grasped the neck of the child so tightly that I could not introduce my fingers to rotate the body.

In the *American Medical Digest*, vol. viii., June 15, 1889, will be found an article entitled: "Manual Conversion of Face and Occipito-Posterior into Occipito-Anterior Positions."

"Loviot (*Nouv. Arch. d'Obstet. et de Gyn.*, Mars, 1889) advocated the manual conversion of face into vertex presentation. He ruptures the membranes and hooks down the occiput by means of the hand in the uterus, under chloroform. Rapid delivery is then effected by the forceps.

"Troublesome cases of occipito-posterior positions are likewise treated by manual interference. With the hand in the vagina, the four fingers are placed behind the occiput pole, the thumb against the anterior temple; the occiput is thus rotated to the front during a pain. Application of the forceps before releasing the head from the grasp of the hand is sometimes necessary to prevent recurrence of the malposition."

"It goes without saying that asepsis is a *sine qua non* in these procedures, and makes scientific practice of what, in pre-antiseptic days, would have been termed meddlesome."

Loviot apparently writes in blissful ignorance of the fact that the late Dr. John S. Parry as early as November, 1873, had practiced the same expedient in face presentations that he recommends (see *American Journal of Obstetrics*, May, 1875), and also that I have been treating face-upward cases just as he does since 1881. I am very glad to know, however, that I, a homœopath, have been pronounced by such high authority to be a scientific practitioner.

HÆMATEMESIS—A REPERTORY.

BY EDUARDO FORNIAS, M.D., PHILADELPHIA.

(Continued from October Number.)

BLOOD: PALPITATIONS OF THE HEART.—*Acon.*, *ars.*, *bell.*, *bryo.*, *cact.*, *calc. o.*, *carb. v.*, *caust.*, *chin.*, *ferr.*, *lach.*, *lyc.*, *merc.*, *nat. m.*, *nux v.*, *ox. ac.*, *petrol.*, *opi.*, *phos.*, *plumb.*, *puls.*, *sulph.*, *verat. alb.*

PETECHIA.—*Arn.*, *ars.*, *bell.*, *coni.*, *crotal.*, *hyos.*, *lach.*, *nux v.*, *phos.*, *sec.*, *stram.* **IN PUTRID TYPHUS.**—*Ars.*, *bryo.*, *ham.*, *rhus* (crotal?).

PULSATION IN FOREHEAD.—*Bell.*, *ferr.*, *opi.*

PULSE, ACCELERATED.—*Acon.*, *arn.*, *ars.*, *bell.*, *bryo.*, *canth.*, *caust.*, *chin.*, *coloc.*, *coni.*, *cup.*, *ere.*, *ham.*, *hell.*, *ipéc.*, *kali b.*, *lyc.*, *merc.*, *nat. m.*, *nux v.*, *opi.*, *ox. ac.*, *plumb.*, *petrol.*, *phos.*, *puls.*, *rhus*, *stann.*, *stram.*, *sulph.*, *verat. alb.*, *zinc.*

— **COLD FACE AND FEET (with).**—*Lyc.*

— **and CONTRACTED.**—*Millef.*

— **and FULL, OFTEN TREMULOUS.**—*Calc. o.*

— **and SMALL.**—*Plumb.*

— **and WEAK.**—*Rhus*; but **WEAK.**—*Ipec.*

— **before VOMITING.**—*Ars.*

BOUNDING.—*Acon.*, *ars.*, *canth.*

COMPRESSIBLE.—*Ars.*, *bell.*, *bryo.*, *canth.*, *chin.*, *coni.*, *ferr.*, *ipéc.*, *ham.*, *hyos.*, *kali b.*, *lob.*, *lyc.*, *merc.*, *nux v.*, *opi.*, *ox. ac.*, *plumb.*, *phos.*, *phyt.*, *rhus*, *sec.*, *stram.*, *verat. alb.*, *verat. v.*, *zinc.*

— **and FAILING.**—*Bell.*, *carb. v.*, *crotal.*, *rhus*, *verat. alb.*, *verat. v.*

— **and SHARP.**—*Arn.*

— **and SLOW.**—*Verat. alb.*, *verat. v.*

CONTRACTED.—*Acon.*, *ars.*, *bell.*, *calc. o.*, *canth.*, *hyos.*, *opi.*, *ox. ac.*, *petrol.*, *phos.*, *sec.*, *zinc.*

— **and ACCELERATED.**—*Millef.*

— **and SLOW.**—*Kreos.*, *plumb.*, *sec.*

— **and SMALL.**—*Kali b.*

DOUBLE and very QUICK.—*Stram.*

— **SOMETIMES.**—*Phos.*

BLOOD: PULSE EXCITED.—Acon., nux v., petrol.

FEEBLE.—Acon., aloë., *arn.*, ars., bell., bryo., cact.,
camph., canth., *carb. v.*, chin., crotal., ham., hyos.,
kali b., lob., merc., merc. c., nat. m., nux v., opi.,
ox. ac., *plumb.*, phos., phyt., podo., *sec.*, stram.,
verat. alb., verat. v., zinc.

— and FREQUENT.—Ars., lob., phos.

— and IRREGULAR.—Hyos.

— but QUICK.—Ars., chin., iod., ipec., kreos.

— and SLOW.—Kali c.

— and SMALL.—Carb. v., coloc., hyos., merc. c., phos.,
sec.

— after VOMITING.—Acon., aloë. (suppressed).

FLUTTERING.—*Arn.*, ars., *cact.*, crotal., kali b., nux v.,
opi., *sec.*, stann., stram., zinc. (*gels.*).

FREQUENT. (See ACCELERATED.)

— and HARD.—Sang., stram.

— FULL and HARD.—Canth., ign.

— SMALL and HARD.—Chin., cup., verat. alb.

— and SMALL.—Canth., lob., stann., zinc.

— and WEAK.—Ars., lob., phos.

— but soon WEAK.—Crotal.

FULL.—Acon., *arn.*, ars., *bell.*, bryo., canth., coloc., con.,
crotal., ham., hyos., kali b., lach., merc., *mill.*,
nat. m., nux v., opi., *plumb.*, petrol., phos., rhus,
stram., *verat. v.*

— and HARD.—Acon., *ferr.*

— HARD and FREQUENT.—Canth., ign.

— HARD and QUICK.—*Arn.*, coloc., hyos., iod., *nux v.*,
phos., sulph. (*hep.*).

— HARD and TENSE.—Acon., amm. c., *bell.*, bryo.,
cact.

— and QUICK.—Calc. o., led., merc.

— and SLOW.—Bell., opi. (with snoring).

— and SLOW at times, at others WEAK and RAPID.—
Nat. m.

— and SMALL, alternately.—Lach.

— but SOFT.—Phyt.

— and STRONG.—Stram.

— after VOMITING.—Phyt.

BLOOD: PULSE HARD.—*Acon.*, *ars.*, *bell.*, *bryo.*, *cact.*, *canth.*, *chin.*,
crotal., *ferr.*, *gels.*, *ham.*, *hyos.*, *kali b.*, *lach.*, *lyc.*,
merc., *opi.*, *ox. ac.*, *plumb.*, *phos.*, *phyt.*, *sec.*,
stram., *sulph.*, *zinc.*

— and **FREQUENT.**—*Sang.*, *stram.*

— **FREQUENT and SMALL.**—*Chin.*, *cup.*, *verat. a.*

— and **QUICK.**—*Acon.*, *opi.* (with anxious breathing).

— **QUICK, THROBBING and TENSE.**—*Cact.*

— and **FULL.**—*Acon.*, *ferr.*

— **FULL and FREQUENT.**—*Canth.*, *ign.*

— **FULL and QUICK.**—*Arn.*, *colc.*, *hyos.*, *iod.*, *nux v.*,
phos., *sulph.*

— and **SLOW.**—*Plumb.*

— and **SMALL.**—*Kreos.*, *sil.*

— and **STRONG.**—*Hyos.*

— **TENSE and FULL.**—*Acon.*, *amm. c.*, *bell.*, *bryo.*,
cact.

IMPERCEPTIBLE.—*Acon.*, *ars.*, *bell.*, *carb. v.*, *chin.*, *crotal.*,
hyos., *nux v.*, *opi.*, *ox. ac.*, *plumb.*, *petrol.*, *phos.*,
puls., *rhus.*, *stram.*, *verat. a.*, *zinc.*

— **ALMOST.**—*Acon.*, *ars.*, *bell.*, *camph.*; *canth.*, *chin.*,
crotal., *ferr.*, *ham.*, *ipéc.*, *kali b.*, *merc. c.*, *opi.*, *ox. ac.*,
plumb., *phos.*

INTERMITTENT.—*Acon.*, *aloe.*, *amm. c.*, *arn.*, *ars.*, *bell.*,
bryo., *cact.*, *canth.*, *carb. v.*, *chin.*, *crotal.*, *cup.*, *ferr.*,
gels., *hyos.*, *kali c.*, *lach.*, *lob.*, *merc. c.*, *nux v.*, *opi.*,
ox. ac., *plumb.*, *phos.*, *sec.*, *stram.*, *sulph.*, *verat. a.*,
verat. v.

IRREGULAR.—*Acon.*, *arn.*, *ars.*, *chin.*, *coni.*, *crotal.*, *kali*
c., *lach.*, *merc.*, *nux v.*, *opi.*, *rhus.*, *sang.*, *stram.*, *verat.*
a., *verat. v.*

RAPID. (See **ACCELERATED.**)

SLOW.—*Acon.*, *arn.*, *ars.*, *bell.*, *canth.*, *caust.*, *chin.*, *ciou.*,
coloc., *crotal.*, *ferr.*, *gels.*, *ham.*, *hyos.*, *lach.*, *lob.*,
merc., *nux v.*, *opi.*, *ox. ac.*, *plumb.*, *petrol.*, *rhus.*,
sec., *stram.*, *verat. a.*, *verat. v.*, *zinc.*

— and **COMPRESSIBLE.**—*Verat. a.*, *verat. v.*

— and **CONTRACTED.**—*Kreos.*, *plumb.*, *sec.*

— and **FULL.**—*Bell.*, *opi.* (with snoring).

— and **FULL at times, at others WEAK and RAPID.**—
Nat. m.

BLOOD: PULSE SLOW and HARD.—Plumb.

—— and **SMALL**.—Hyos., ign., plumb.

—— and **WEAK**.—Kali c.

SMALL.—Acon., arn., ars., bell., bryo., calc. o., canth., chin., coloc., *ferr.*, kali b., lach., lob., merc., nat. m., nux v., opi., ox. ac., petrol., *phos.*, phyt., podo., rhus, *sec.*, stram., verat. a., zinc.

—— and **ACCELERATED**.—Ars., *ipéc.*, nux v., plumb., sang.

—— and **CONTRACTED**.—Kali b.

—— and **FREQUENT**.—Canth., lob., stann., zinc.

—— **FREQUENT and HARD**.—Chin., cup., verat. a.

—— and **FULL**, alternately.—Lach.

—— and **HARD**.—Kreos., sil.

—— and **SLOW**.—Hyos., ign., plumb.

—— and **SPASMODIC**.—Stram.

—— and **WEAK**.—*Carb. v.*, coloc., hyos., merc. c., *phos.*, plat., *sec.*

—— **WEAK and ACCELERATED**.—Lach., puls.

SOFT. (See **COMPRESSIBLE**.)

SPASMODIC.—Ars., cup., merc. c., nux v., sep.

—— and **SMALL**.—Stram.

STRONG.—Acon., arn., ars., bell., chin., coni., gels., hyos., merc. c., mill., opi., stram.

—— and **FULL**.—Stram.

—— and **HARD**.—Hyos.

SUPPRESSED—Aloe., *ars.*, carb. v., kali b., kreos., opi., phos., puls., *sec.*, verat. a.

—— after **VOMITING**.—Aloe.

TENSE.—Ars., bell., canth., chin., coni., cup., dulc., ferr., hyos., ox. ac., plumb., petrol., *sec.*, verat. a., zinc.

—— **HARD and FULL**.—Acon., amm. c., bell., bryo., cact.

—— **HARD, QUICK and THROBBING**.—Cact.

THIN. (See **SMALL**.)

THREADY.—Acon., alumin., arn., *ars.*, bell., camph., canth., *carb. v.*, colch., crotal., cup., *dig.*, hell., hyos., iod., jat., kali b., naja, opi., ox. ac., petrol., phos., phyt., plumb., *sec.*, sulph. ac., tereb., zinc.

BLOOD: PULSE TREMBLING.—Acon., ant. t., ars., canth., crotal., hell., jod., kreos., merc., merc. c., opi., ox. ac., plumb., rhus, spig., stram., sulph. ac.

TUMULTUOUS.—Plumb.

UNDULATING.—Agar., camph., carb. ac., crotal., dig., opi., plumb.

UNEQUAL.—Acon., ars., bell., chin., coni., ferr., gels., glono., lach., merc., naja, opi., plumb., stram.

VARIABLE.—Canth., cup., ign., opi., plumb.

VIOLENT.—Acon., hell., lyc., merc., phos., petrol., stram., tabac.

WEAK.—Acon., aloe., amm. m., ant. t., apis, *arn.*, ars., asaf., bapt., bell., bryo., camph., canth., chin., colch., crotal., cup. ac., *dig.*, gels., glono., ham., hell., hyos., *kalm.*, kali b., kali c., lob., merc., merc. c., naja., nat. m., nux v., opi., ox. ac., plumb., phos., phyt., podo., rhus, *sec.*, spig., stram., tabac., verat. a., verat. v., zinc.

— after VOMITING.—Acon., aloe.

WIRY.—Ars., dig., gels., ham., kreos., ox. ac., phos., *sec.*, zinc.

PUPILS, DILATED.—Acon., *bell.*, calc. o., *chin.*, cic., coni., *hyos.*, ipec., lach., lyc., nux v., *opi.*, puls., stram., verat. a., zinc.

— CONTRACTED.—Ars., *bell.*, camph., chin., nux v., plumb., *phos.*, puls., *sec.*, *sep.*, verat. a., zinc.

— INSENSIBLE.—*Bell.*, carb. v., chin., dig., gels., hyos., kali b., merc. c., opi., stram.

— UNMOVED.—*Bell.*, cup., dig., hyos., *opi.*, phos., stram.

PURPURA HÆMORRHAGICA.—Arn., ars., bryo., crotal., kreos., lach., led., nux v., opi., *phos.*, rhus, *sec.*, sulph. ac. (bapt.).

PYREXIA.—Acon., arg. n., *arn.*, ars., bapt., *bell.*, bryo., cact., calc. o., canth., carb. v., *chin.*, crotal., ferr., gels., ham., hyos., jod., ipec., lach., lyc., *merc.*, nat. m., nux v., opi., phos., puls., *sec.*, *sil.*, stann., stram., verat. a., verat. v.

RESTLESSNESS.—Acon., ars., canth. (in despair), bryo. (night), rhus (must change position), sulph.

RETCHING.—Acon., *arn.*, *bell.*, bryo., chin., cup., *hyos.*, ipec., lach., nux v., phyt., plumb., podo., *puls.*, *sec.* (painful), verat. a.

RINGING IN EARS.—Bell., calc. o., *chin.*, ferr., nat. m., petrol.

BLOOD: SADNESS.—*Ars.*, *bryo.*, *calc. o.*, *chin.*, *hyos.*, *ign.*, *lach.*, *merc.*, *nat. m.*, *phos.*, *phos. ac.*, *puls.*, *sulph.*

SHUDDERING.—*Ars.*, *bell.*, *bryo.*, *calc. o.*, *caust.*, *chin.*, *merc.*, *nat. m.*, *nux v.*, *puls.*, *rhus*, *sulph.*, *verat. a.*

SKIN, BLUE.—*Arn.*, *ars.*, *bell.*, *camph.*, *carb. v.*, *coni.*, *cup.*, *lach.*, *nat. m.*, *nux v.*, *opi.*, *plumb.*, *sec.*, *verat. a.*

SLEEP DISTURBED.—*Acon.*, *arn.*, *ars.*, *bell.*, *bryo.*, *ham.*, *hyos.*, *kali b.*, *merc.*, *nat. m.*, *nux v.*, *opi.*, *plumb.*, *puls.*, *rhus*, *sulph.*

— by **COUGH.**—*Acon.*

— by **DREAMS.**—*Acon.*, *arn.*, *ars.*, *bell.*, *bryo.*, *coloc.*, *ferr.*, *lyc.*, *merc.*, *nat. m.*, *nux v.*, *opi.*, *plumb.*, *sulph.*

— by **HEADACHE.**—*Sulph.*

— by **NAUSEA.**—*Hell.*

— by **PAIN IN ABDOMEN.**—*Phos.*

— by **PAIN IN CHEST.**—*Phos.*

— **TOSSING ABOUT.**—*Merc. c.*

— **WEEPS, TALKS, STARTS.**—*Puls.*

SORENESS, GENERAL.—*Apis.*, *arn.*, *bapt.*, *bryo.* (on lying), *camph.*, *canth.*, *ham.*, *merc. c.* (on motion), *nux v.* (in spots), *phyt.*, *sec.*

SPLEEN, BURNING.—*Bell.*, *ign.*, *sec.*

— **CRAMP**, in the region of.—*Aloe.*, *bell.*, *ferr.*

— **ENLARGED.**—*Ars.*, *chin.*, *iod.*, *sulph.*

— **INDURATED.**—*Ars.*, *chin.*, *iod.*, *sulph.*

— **INFLAMED.**—*Acon.*, *arn.*, *ars.*, *bell.*, *bryo.*, *chin.*, *nux v.*, *sulph.* (see pain in).

— **SWOLLEN.**—*Ars.*, *bell.*, *nat. m.*, *phos.* (A.M.), *plumb.* (A.M.)

STAGGERING.—*Acon.*, *apis.*, *arg. n.*, *bell.*, *canth.*, *chin.*, *cicu.*, *coni.*, *cup.*, *hyos.*, *kali b.*, *merc.*, *opi.*, *phyt.*, *plumb.*, *sec.*, *stram.*

— on getting **OUT OF BED.**—*Bell.*

— during **VOMITING.**—*Kali c.*

STOMACH, BURNING.—*Arg. n.*, *ars.*, *bell.*, *cact.*, *calc. o.*, *canth.* (pyloric region), *carb. v.*, *coloc.*, *erecth.*, *ferr.*, *kali b.*, *millef.*, *nux v.*, *phos.*, *stram.*

— **AT PIT.**—*Nat. m.*, *sec.*

— **COLDNESS.**—*Alum.*, *amm. c.*, *ars.*, *coni.*, *jod.*, *kali b.*, *lach.*, *phos.*, *rhus*, *sulph.*, *verat. a.*

— **AT PIT.**—*Ars.*, *phos.*

- BLOOD: STOMACH, DISTENSION.—*Ars.*, calc. o., ferr., jod., kali b.,
opi., petrol., phos.
- AT PIT.—*Calc.* o., opi., puls.
- EMPTINESS.—*Amm.* c., caust., chin., *ign.*, *ipéc.*, lach.,
nat. m., petrol., phos., rhus, sec., verat. a.
- FULNESS.—*Arg.* n., ars., bell., canth., *chin.*, carb. v.,
ham., mill., *lyc.*, nux v., opi., *phos.*, rhus, sulph.
- AT PIT.—*Arn.*, coloc., nux v., petrol.
- HEAT.—*Acon.*, amm. c., arg. n., *ars.*, bell., bryo., camph.,
canth., caust., cup., ferr., lach., lob., merc.,
phos., phytol., podo., sulph.
- AT PIT.—*Ars.*, bryo., *phos.*, sec., tereb.
- HEAVINESS.—*Acon.*, ars., calc. o., carb. v., chin., *lach.*,
lob., *lyc.*, petrol., phos., plumb., sulph.
- AT PIT.—*Acon.*, *arn.*, merc.
- JERKING.—Puls. AT PIT.—*Nat.* m.
- NAUSEA.—*Acon.*, bell., coloc., *lob.*, *ipéc.*, nux v. (with
fainting).
- OPPRESSION.—*Alumin.*, amm. c., arg. n., *chin.*, coni.,
hyos., kali b., opi., petrol., plumb., rhus.
- AT PIT.—*Cic.*, coni., lob., nat. m., *nux v.*, *plumb.*,
sec.
- PAINFULNESS (region of stomach).—*Ars.*, bryo., *calc.* o.,
canth., carb. v., caust., lach., *lyc.*, merc., nat. m., *nux*
v., sulph., *verat. a.* (See Pains.).
- PINCHING.—*Arn.*, *bryo.*, calc. o., kali b., nux v., phyt.,
puls.
- AT PIT.—*Bryo.*, calc. o., *ipéc.*, petrol.
- PRESSURE.—*Arg.* n., *arn.*, *ars.*, bell., *bryo.*, calc. o.,
canth., caust., chin., *cicu.*, coloc., cup., *ferr.*, *ipéc.*,
lach., lob., *lyc.*, nat. m., *nux v.*, opi., petrol.,
phos., plumb., puls., rhus, *sep.*, sulph.
- AT PIT.—*Acon.*, *ars.*, bell., bryo., calc. o., carb. v.,
caust., chin., coni., crotal., cup., lach., lob., *lyc.*, *merc.*,
nat. m., *nux v.*, petrol., phos., plumb., *puls.*, *rhus*,
sec., verat. a., zinc.
- SHOCKS.—*Nux v.* AT PIT.—*Nux v.*, plat.
- SORENESS.—*Acon.*, *apis.*, *arn.*, *ars.*, bryo., calc. o., carb.
v., caust., coloc., cup., *lyc.*, merc. c., nat. m., *nux*
v., opi., ox. ac., petrol., plumb., phos., phyt., podo.,
sec., stram.

BLOOD: STOMACH, SORENESS AT PIT.—Acon., aloe., *arn.*, *ars.*,
bryo., *carb. v.*, coloc., ferr., hyos. (tender), kali b.,
lach. (painful sensitiveness), lyc., ox. ac., phyt.

— **SWELLING.**—Alumin., *carb. v.*, cup., kali b., merc. c.,
phos., phyt., puls. (hard).

— **AT PIT.**—Acon., *arg. n.*, bell., *bryo.*, *calc. o.*, cic.,
nat. m., petrol., sulph.

— **THROBBING.**—Alumin. (after eating), *arg. n.*, bell., cact.,
ferr. (extending through œsophagus, after
menses), ham., *hyos.* (paroxysmal), *nux v.*, *puls.*

— **AT PIT.**—Acon., bell., cact., *carb. v.*, *chin.*, *cic.*,
coloc., crotal., *ferr.*, jod., lach., lyc., nat. m., *puls.*,
sulph.

— **REGION.**—Alumin. (extending to heart), *calc. o.*, *chin.*,
cup., *nux v.*, plumb., podo. (before diarrhœa), rhus.

— **TREMBLING.**—Amm. c. (during menses), *arg. n.*, *carb. v.*,
ham. (gurgling), nat. m.

— **AT PIT.**—Nat. s., *phos.* (chilly).

— **UNEASINESS.**—Alumin., *ars.*, bell., canth., erect., ferr.,
ipéc., kali b., lob., *phos.* (like efforts to vomit),
sec., verat. v.

— **AT PIT.**—Alumin., coni., cup., *ipéc.*

— **REGION.**—Acon., merc. c.

— **WEIGHT (AS FROM STONE).**—Acon., *arg. n.*, *arn.*, *ars.*,
bryo., *merc.*, *nux v.*, puls., rhus, sulph.

— **AT PIT.**—Acon., *bryo.*, *ign.*, lach., *merc.*, *nux v.*,
sulph., verat. a., zinc.

STOOLS: QUALITY.

— **CLOTTED BLOOD.**—Alumin., *nat. m.*, *stram.*, *verat. a.*
(painless).

— **DECOMPOSED BLOOD.**—*Laches.*

— **LIQUID BLACK.**—*Crotal.*

— **SANGUINEOUS.**—Aloe, *arn.*, *ars.*, *canth.*, *carb. v.*, coloc.,
coni., cup., iod., *ipéc.*, lach., *merc.*, *merc. c.*, *nux v.*,
petrol., phos., plumb., puls., rhus, sulph., tereb.,
verat. a.

— **TARRY.**—*Ars.*, ham., *ipéc.*, lach., *merc.*, *nux v.*, *verat. a.*,
zinc.

— with COLICKY PAINS.—*Coloc.*, *ipéc.*, *merc.*, *podo.*

— with DIARRHŒA.—*Ars.*, *podo.*, *verat. a.*

— with GRIPING.—*Aloe.*, *ipéc.*, *podo.*

with TENESMUS.—*Merc.*, *nux v.*

BLOOD: STOOLS, COLOR.

BLACK.—Acon., arn., *ars.*, camph., chin., crotal. (liquid), lach., lobel., *ipéc.* (like molasses), merc., *nux v.*, opi., phos., plumb., stram., verat. a., verat. v.

BROWN.—Acon., arg. n., arn., *ars.*, bryo., camph., canth., *chin.*, kali b., kreos., lyc., merc. c., sulph.

CHOCOLATE.—*Chin.*, lach., *stram.*

GRASS-GREEN.—Arg. n., *ars.* (followed by blood), canth., *chin.*, coloc., crot., *ipéc.*, *merc.*, *merc. c.*, *nux v.*, *phos.*, podo., *puls.*, sec., sulph.

— SIMILITUDE.

like CHARRED STRAW.—*Lach.*

like COFFEE-GROUNDS.—*Camph.*, *zinc.*

like FROTHY MOLASSES.—*Ipec.*

like JELLY.—*Aloe.*, colch., hell., *podo.*, rhus, sep.

like PITCH.—*Ipec.*, lach., *merc.*, *nux v.* (See TARRY.)

STUPOR.—Arn., *ant. t.*, *bell.*, bryo., camph., canth., carb. v., cic., con., hell., *hyos.*, lach., *nux v.*, *opi.*, phos., plumb. (after the attack), *puls.*, stram., verat. a.

SWEAT, CLAMMY.—Ant. t., *ars.*, camph., canth., ferr., hell., *hyos.*, lach., *lyc.*, merc. c., opi., ox. ac., *phos.*, plumb., sec., sulph., verat. a., zinc.

— COLD.—Acon., *ars.*, bryo., camph., canth., carb. v., *chin.*, cup., ferr., hell., *hyos.*, *ipéc.*, lach., merc., *nux v.*, petrol., plumb., *puls.*, sec., stram., verat. a.

— PROFUSE.—Ars., bell., calc. o. (head and chest), carb. v., *chin.*, con., *hep.*, lach., lyc., *merc.*, *nux v.*, phos., *phos. a.*, *puls.*, sep., sulph.

SYNCOPE. (See FAINTING.)

TASTE, BITTER.—Acon., arn., *ars.*, bell., bryo., calc. o., chin., lyc., *merc.*, *nux v.*, phos., *puls.*, sulph., verat. a., zinc.

— BLOODY.—Alumin., amm. c., bell., calc. o., chin., ferr., ham., *ipéc.*, zinc.

— FOUL.—Arn., *ars.*, bryo., calc. o., chin., jod., merc., nat. m., *nux v.*, petrol., phos., plumb., podo., *puls.*, rhus, stann., sulph., verat. a., zinc.

— SALTY.—Alumin., *ars.*, bell., carb. v., chin., jod., lyc., *merc.*, phos., *puls.*, rhus, sulph., verat. a.

— SOUR.—Ars., bell., bryo., calc. o., chin., lyc., *nux v.*, *phos.*, *puls.*, sulph.

— SWEETISH.—Alumin., bell., bryo., chin., *ipéc.*, lyc., *merc.*, *nux v.*, phos., plumb., *puls.*, rhus, stram., sulph.

BLOOD: THIRST, UNQUENCHABLE.—*Acon.*, *alumin.*, *ars.*, *bell.*, *bryo.*, *calc. o.*, *canth.*, *carb. v.*, *chin.*, *cic.*, *cup.*, *ferr.*, *lach.*, *merc.*, *nat. m.*, *nux v.*, *opi.*, *petrol.*, *phyt.*, *plumb.*, *sec.*, *stram.* (violent), *verat. a.*

TONGUE, COATED.—*Acon.*, *ant. t.*, *arn.*, *bell.*, *bryo.*, *chin.*, *ign.*, *ipec.*, *merc.*, *nux v.*, *phos.*, *puls.*, *rhus*, *sulph.* (A. M.).

— **THICK.**—*Ant. t.*, *ars.*, *bell.*, *bryo.*, *canth.*, *chin.*, *lach.*, *merc.*, *nux v.*, *ox. ac.*, *phos.* (black crust), *phyt.* (at the base), *puls.*, *sec.* (tenaceous), *sulph.*

— **WHITE.**—*Ant. c.*, *ars.*, *arn.*, *bell.*, *bryo.*, *chin.*, *dig.*, *merc.*, *nux v.*, *phos.*, *pula.*, *sulph.*

— **YELLOW.**—*Alumin.*, *arn.*, *bell.*, *bryo.*, *carb. v.*, *chin.*, *ipec.*, *lach.*, *nux v.*, *puls.*

TREMBLING, NERVOUS.—*Acon.*, *calc. o.*, *canth.*, *caust.*, *coni.*, *crotal.*, *cup.*, *ferr.*, *kali b.*, *lach.*, *merc.*, *opi.*, *petrol.*, *stann.*, *zinc.*

TUMOR, ANEURISMAL.—*Acon.*, *actæa r.*, *arn.*, *ars.*, *bell.*, *bryo.*, *cact.*, *calc. o.*, *carb. v.*, *dig.*, *gels.*, *lach.*, *lyc.*, *merc.*, *puls.*, *sulph.*, *verat. v.*

URINE, ALBUMINOUS.—*Ant. t.*, *canth.*, *jod.*, *merc.*, *merc. c.*, *nat. m.*, *petrol.*, *phos.*, *phyt.*, *plumb.*, *sec.*

— with **CASTS.**—*Merc.* (granular), *petrol.* (granular), *phos.*, *plumb.*

VASCULAR EXCITEMENT.—*Acon.*, *bryo.*, *nux v.*, *verat. v.*

VERTIGO.—*Acon.*, *amm. c.*, *bell.*, *bryo.*, *calc. o.*, *carb. v.*, *caust.*, *chin.*, *coni.*, *cup.*, *ferr.*, *kali b.*, *lach.*, *lyc.*, *merc.*, *nat. m.*, *nux v.*, *phos.*, *phyt.*, *puls.*, *rhus*, *sulph.*, *verat. a.*, *zinc.*

— with **FAINTING.**—*Acon.*, *carb. v.*, *chin.*, *crotal.*, *nux v.*, *phos.*, *verat. a.*

— **ROTATORY.**—*Aloe*, *amm. c.*, *arn.*, *bryo.*, *coni.*, *nux v.*, *phos.*

— with **VANISHING OF SIGHT.**—*Acon.*, *arn.*, *chin.*, *ferr.*, *merc.*, *phyt.*, *sulph.*, *verat. a.*

VISION, DISTURBED.—*Bell.*, *caust.*, *gels.*, *hyos.*, *jod.*, *kali b.*, *merc.*, *petrol.*, *phos.*, *phyt.*, *plumb.*, *puls.*, *sec.*, *stram.*, *sulph.*

WEAKNESS.—*Ars.*, *calc. o.*, *carb. v.*, *caust.*, *chin.*, *cup.*, *ferr.*, *jod.*, *lach.*, *lyc.*, *merc.*, *nat. m.*, *nux v.*, *phos.*, *puls.*, *rhus*, *sulph.*, *verat. a.*

ORIGIN.

AMENORRŒA.—*Bryo.*, *ham.*, *hyos.*, *lach.*, *phos.*, *puls.*

BLOOD: CANCER OF THE STOMACH.—*Ars.*, bell., carb. v., kreos., lach., lyc., nux v., phos., sulph., verat. a.

CLIMACTERIC PERIOD.—*Bryo.*, lach., lyc., puls., sulph.

COLD IN THE STOMACH.—*Acon.*, ars., bell., bryo., chin., coloc., ferr., ipec., merc., nux v., plumb., puls., rhus, verat. a.

CONGESTION.—*Acon.*, bell., mill., nux v.

— PORTAL.—*Aloe*, nux v., podo., puls., sulph.

DRUNKENNESS.—*Ars.*, hyos., nux v., opi.

EXERTION, VIOLENT.—*Mill.*, rhus.

FRIGHT.—*Acon.*, bell., hyos., ign., lach., opi., puls., verat. a.

GANGRENE OF THE STOMACH AND LIVER.—*Sec.*

GASTRITIS.—*Acon.*, arn., ars., carb. v., chin., hyos., ipec., nux v., phos., podo., puls., verat. a.

HEART TROUBLE (OBSTRUCTIVE).—*Acon.*, cact., phos., verat. v.

LIVER AFFECTION (cirrhosis, etc.).—*Acon.*, aloe., arg. n., ars., bell., bryo., calc. o., chin., coni., ferr., kali c., lach., lyc., merc., nat. m., nux v., phos., plumb., podo., puls., sec., sulph., verat. a., zinc.

LUNG AFFECTION (OBSTRUCTIVE).—*Acon.*, cact., phos.

PURPURA.—*Arn.*, ars., bapt., bryo., crotal., ham., lach., phos. rhus, sec., stram., sulph.

SCURVY.—*Ars.*, canth., carb. v., chin., ham., kreos., merc., nat. m., nux v., phos., sulph., sulph. ac.

SPLEEN AFFECTIONS.—*Acon.*, arn., ars., bryo., carb. v., chin., ferr., kreos., nat. m., nux v., sec., sulph., verat. a.

SUPPRESSION OF HÆMORRHOIDAL FLOW.—*Aloe*, nux v., sulph.

TRAUMATISM.—*Arn.*, cic., coni., lach., puls., rhus, sulph., sulph. ac.

TYPHOID FEVER.—*Arn.*, ars., bryo., carb. v., chin., crotal., hyos., ipec., lach., lyc., opi., phos., puls., rhus, stram., sulph., zinc.

ULCER OF THE STOMACH.—*Ars.*, bell., bryo., calc. o., carb. v., kali b., lyc. (perforating), nux v., phos.

YELLOW FEVER.—*Ars.*, bell., bryo., carb. v., chin., crotal., ipec., lob., phos., rhus, sulph., verat. a.

SUBSEQUENT.

ANÆMIA. (See this word under CONCOMITANTS.)

DIARRHŒA.—*Ars.*, calc. o., carb. v., chin., ferr., ipec., merc., nat. m., phos., puls., podo., rhus, sec., sulph., verat. a.

WEAKNESS. (See this word under CONCOMITANTS.)

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HYDRASTIS CANADENSIS.

BY AUG. KORNDORFER, M.D., PHILADELPHIA.

(Read before "The Hahnemann Club of Philadelphia.")

THIS remedy, not inaptly named golden seal, has a range of action which adapts it to many serious ailments in every stage of life. The infant with its threatened marasmus, and its aphthous mucous surfaces, and the hoary-headed, emaciated subject, suffering from senile wasting and degeneration of the vital organs and surface tissues, alike may call for its aid.

A simple acute coryza, with its excessive mucous secretion, oft finds in it its *similimum*; yet the old carcinoma with its foetid, sanious discharge may require its potent force. With such extended range of action how shall we attain to a practical knowledge of this drug that we may successfully employ it in the treatment of disease? As theories concerning the physiological or pathological action of drugs serve but little purpose, we will not consume time this evening in their discussion in relation to hydrastis, but will at once proceed to an analysis of its symptoms, in an endeavor to make of them an intelligent expression of its real curative sphere of action.

Among the first conditions which strike us upon a careful review of its provings are the vital depression and the vitiation of the secretions, so common to this remedy; and, further, we notice that many of the characteristic symptoms depend upon changes in the mucous tissues; thus, we find catarrhal affections involving, more or less extensively, the entire respiratory tract; as well as ophthalmia, otorrhœa, and catarrhal states of the stomach, bowels, bladder, urethra, uterus and vagina. The secreted mucus, in the early stages, is usually watery and more or less acrid, but it soon becomes thick and tenacious, speedily assuming a muco-purulent character. We also observe that the functions of cutaneous and mucous surfaces are peculiarly related to hydrastis; thus, we find inflammation of the eyelids, as a blepharitis marginalis; soreness and excoriation of the nostrils, aphthae of the lips, epithelial cancer of the lips, fissures and excoriations at the margin of the anus, and pruritus vulvæ. The ophthalmia, to which hydrastis stands in curative relation, is usually characterized by profuse secretion of tears, with smarting and burning of the eyes and lids, though occasionally it proves curative in conjunctivitis sicca. Conjunctival ulceration is not uncommon, and excoriation of the eyelids is a frequent indication.

Hearing may be defective as a consequence of catarrh; the membranæ tympani look purplish and bulging; perforation of the membrane may occur; a granular and eroded condition of the mucous membrane of the middle ear is observed; also, polypoid growths in the ear; thick, offensive, irritating, muco-purulent discharge from the ear; otorrhœa; the pinnæ are red, thickened and covered with scales; the skin back of the ears red, thickened and fissured at the angle of junction with the head.

The coryza is watery, accompanied by sneezing, burning in the nostrils, and headache; there may also be a raw, sore, feeling in the throat and chest, as in an influenza; later, the discharge becomes thicker, muco-purulent and viscid; we also may have a stuffed-up feeling in the nose, with discharge of thick, white, tenacious and stringy mucus; or frequent dropping of mucus from the posterior nares into the throat; the cartilaginous septum may be sore, bleeding when touched; nose-bleed is not uncommon.

Gastro-duodenal catarrh, as well as catarrh of the gall-ducts, and jaundice not infrequently require this remedy; the sense of debility, the viscid mucus, if vomiting occurs, and the "gone feeling at the pit of the stomach" mark the remedy. Indigestion in debilitated subjects, especially if accompanied by constipation and an empty, "gone feeling" at the pit of the stomach, finds its *similimum* in *hydrastis*. In some cases of suspected cancer of the stomach, with pain at the scrobiculum, great emaciation, and vomiting of all food save milk and water, it has acted efficiently.

The tongue may be dry, feeling as if burned; or, large and flabby, showing the imprint of the teeth, very similar to that found in the mercurial or mercurio-syphilitic state, for which, in fact, *hydrastis* acts curatively. In still other cases, the tongue may be dark red, with raised papillæ, feeling raw and sore. Diseased states of the tongue, apparently of cancerous nature, have improved under its use.

The pharynx may be red, swollen, sore and ulcerated, emitting a putrid odor.

Closely related to the catarrhal states are the headaches of *hydrastis*. Among the most characteristic are the neuralgic, usually resulting from colds. The pains are sharp and cutting in character in the temples and over the eyes; they are relieved by pressure of the head. Equally important, however, are those of gastric or hepatic origin; in these the pains are dull, and mainly frontal. The integuments of the scalp are very painful. Laryngeal and bronchial affections, with the characteristic viscid mucus, are quite common.

The bronchial catarrh of old people is marked by great debility, loss of appetite, and general cachectic condition. The cough is harsh, either dry or rattling; the sputum yellowish, tenacious, stringy, and profuse.

The heart symptoms, such as palpitation and pains, are evidently due to gastric disturbance. The pains in the left chest, from the region of the heart to the left shoulder, probably depend upon an undue irritability of the left phrenic nerve.

Myalgic and neuralgic chest, and especially intercostal, pains may occur. The vesical catarrh is characterized by discharge of thick, ropy mucus; the urine is high-colored and offensive. Catarrhal and gonorrhœal urethritis, with the characteristic viscid mucus; abrasions and ulcerations of the os uteri, with discharge of tough, stringy mucus; cervix indurated, bluish, and ulcerated, discharging a viscid, offensive, muco-purulent matter; ulcers, with ragged edges; leucorrhœa tenacious, ropy, thick, and yellow; aching pain in small of back, especially during the climaxis.

The action of hydrastis upon the cutaneous and subcutaneous tissues is very marked in atonic states of the system. It is especially useful in irritable and indolent ulcers of the legs, so often found in old people and in scrofulous subjects. The stinging, burning, and lancinating pains, as found in such cases, are worse at night, and from the warmth of the bed, from motion, and from touch. Erysipelas of the leg has been cured by it. Intermittent, typhoid, and hectic fevers, with the usual debility, gastric and hepatic symptoms of hydrastis, serving as guides.

In retarded convalescence from typhoid, it must not be forgotten, the appetite fails to return; the patient will not eat; the tongue is large, flabby, thickly coated, showing the imprint of the teeth; the bowels are constipated; the urine scanty; the sweats copious, and the sleep poor.

The predominating pains of hydrastis are neuralgic in character, being described as sharp, cutting, lancinating, darting, stinging, or pricking. We also have dull muscular pains; also dull dragging in the serous sacs and burning pains, more especially in the mucous membranes and skin.

In conformity with the lessened vitality we have faulty nutrition of the skin, which manifests itself in excoriations and intertrigo, erysipelatoid rash, indolent ulcers, chronic ulcers, and tendency to bed-sores. The faulty gastric states are occasionally reflected in an urticaria, and the hepatic in jaundice. The yellow cachectic appear-

ance of those suffering from supposed cancerous affections is quite pronounced.

Though the mental symptoms of this remedy are not very clearly defined in the provings, and are but rarely referred to in the therapeutic indications, we must not ignore the few mental symptoms which are well defined and may be relied upon in practice. Depression of spirits is frequently observed, and is, in the hydrastis, characterized by a decided effort on the part of the patient to overcome the feeling. Occasionally we observe a high degree of absent-mindedness: "while speaking the thought vanishes, and with it the subject of conversation seems suddenly obliterated from the mind;" "he stops in the midst of a sentence, and seems to forget that he has been speaking." This condition is often met with in cases of overtaxed mind and body, and just in such cases the hydrastis seems especially indicated. Dilutions of the lower triturations of the hydrastin sulph. seem, in such cases, to act more promptly than dilutions of the tincture.

A CLINICAL STUDY OF ACUTE MILIARY TUBERCULOSIS OF THE LUNGS.

BY WM. W. VAN BAUN, M.D., PHILADELPHIA.

(Read before the Homœopathic Medical Society of the State of Pennsylvania, Sept. 17th, 1889.)

FROM a clinical standpoint, the detection of acute miliary tuberculosis presents difficulties that often perplex the most careful observer. The chief difficulty of a diagnosis is in the fact that the pulmonary symptoms are not always directly proportionate to the number of miliary tubercles in the lungs, and that other organs are so frequently involved at the same time. In this latter condition, the organ in which the localization of the tubercles is greatest stamps the main clinical features of the case, and the pulmonary involvement is frequently passed by unobserved. In fact, during life, it is at times difficult to say whether the case should be considered one of tubercular meningitis, or tubercular peritonitis, or of miliary tuberculosis of the lungs. By the recital of the following cases, met in my private practice, it is hoped to emphasize some of the data on which is based a differential diagnosis, and to elicit a discussion on the *successful* treatment of cases of this character.

The ten cases under consideration were of the pulmonary type of

the disease; they occurred in individuals whose lungs were previously healthy, or but slightly affected with phthisis, and they presented such acute symptoms that life was not long maintained. The cases did not favor any particular season of the year. Six were males and four females. Two of the males were mulattoes; all of the other cases were whites. The ages varied from twelve to forty-five years. Three gave a phthisical family history. With the balance I failed to record any hereditary tubercular trace whatever.

Notwithstanding that, clinically, miliary tuberculosis of the lungs generally resembles severe bronchitis more than any other affection, and that Burkart claims that it is common for miliary tuberculosis to develop itself in lungs which are already emphysematous from old bronchitis. I have excluded, on account of failing to secure a post-mortem to confirm a diagnosis of an acute invasion of miliary tubercles, the case of a male, age fifty-five years, with an emphysema of years' standing, who suddenly developed, with an initial chill, a high grade of fever, ranging from 102° to 105° F., dyspnoea, cyanosis, and a cough that was no more troublesome than is found frequently in cases of enteric fever. These symptoms were associated with rapid prostration, general exhaustion, and resulted in death on the twelfth day.

In regard to the theoretical claim of the relation of this disease to caseating tubercular glands, I have never been able to trace the direct connection of any such affection. One of the mulattoes, a plantation laborer of twenty-eight years, living on the "bottom lands" of Mississippi, presented distinct scars on his neck, due to the breaking down of his cervical glands in early youth.

Seven of the ten cases had always been well up to the time of the present illness. Three supervened on phthisis. In one, a child of twelve years, with a predisposition to phthisis, measles appeared to be the direct, exciting cause. In two, excessive mental application, with insufficient exercise, seemed to give rise to the trouble. A maiden lady of thirty-seven years, nursed a loved sister through a three-months' attack of acute pulmonary tuberculosis. The physical strain on her constitution, together with the attending anxiety, resulted in a nervous prostration from which she slowly rallied, to be seized two months later by a severe chill, marked pyrexia, prostration and death at the end of the second week. Four cases, two of which had slight lung symptoms for two or three years previous to their sudden fatal seizure, would be classified under the heading of bad air, poor or insufficient food, onanism and other forms of sexual ex-

cess. Five cases were ushered in with a marked chill; the remainder complained of malaise, feverishness, headache, etc. Three of the females had a history of suppressed menstruation, dating from two to five months previous to the oncome of acute symptoms.

The clinical symptoms common to all the cases were marked prostration, excessive weakness, cough, decided embarrassment of breathing, cyanosis and pyrexia. The cough, while more or less annoying, was usually of the short, hacking order, with moderate expectoration, frothy in the beginning, later becoming streaked with blood, and, finally, a score or more lumps of tenacious, dirty-yellow phlegm would be raised during twenty-four hours, similar, in many instances, to the sputa of acute pneumonia. In no case was expectoration entirely absent. The symptom presenting the greatest significance was embarrassed breathing, dyspnoea. At first the breathing was simply hurried, then the number of respirations per minute increased more or less rapidly until, in one case, for four days prior to death, they averaged seventy-five per minute. This case was that of a single lady, age thirty-eight years, who, two weeks previous to her death, on returning from a shopping tour, complained of feeling dreadfully nervous; this resulted in an attack of hysterics. Two hours later she had a violent chill, lasting one hour. The next morning there was shortness of breath, great nervousness and a feeling of unusual weakness. Temperature, 100° F.; pulse, 90; respirations, 45. Face pale; some tenderness over the ilio-cæcal region; no other symptoms excepting loss of appetite. Three days later, the rapid breathing had greatly increased, orthopnoea being present. The nostrils were widely dilated, and there was excessive movement of the thoracic muscles. The face, lips, hands, fingernails, etc., were a dark purple color. Slight cough, with frothy expectoration, had developed. The physical signs were vague and uncertain. The case now ran an exceedingly rapid course, with extreme emaciation, dying at the close of the second week.

Cyanosis following original pallor was marked in all cases. This symptom is a help to diagnosis, provided long-standing emphysema or heart disease can be excluded. In no case was there hæmoptysis. The symptoms of the bowels, excepting in one case of severe diarrhoea, were negative. The tongue was usually coated and dry, being badly fissured in two cases. The pulse, as a rule, was rapid, occasionally out of all proportion to the temperature. Fever was invariably present. The temperature ranged from 102° to 106° F., with the customary exaggerated diurnal variation, the excursion being 1°

to 2°. The onset of the fever was usually gradual. In two cases the highest temperature was in the morning, from 7 to 10 o'clock, and the lowest just before midnight. Pain, the common accompaniment of an inflamed organ, was not spoken of, and if present at all, it was not sufficient to cause any complaint. The skin in four cases was bathed with clammy perspiration, and many times these same patients complained of night-sweats. Two cases were decidedly jaundiced. Three presented abdominal tympanites. The mind, in four, seemed dazed with bewilderment, lapsing into a passing delirium of a low type. One case presented decided typhoid symptoms: sordes, dry, brown tongue, subsultus, etc. The urine was examined in seven cases; three gave traces of albumin. The spleen in four cases was distinctly enlarged. These patients did not have a malarial history. The heart was negative. The physical signs were not satisfactory. It is improbable in a primary case of miliary tuberculosis of the lungs, that the tubercles are ever massed together, even in the apices, sufficient to impair percussion resonance, and if a slight dulness is ever developed, it more than likely arises from a collapse of the surrounding lung-tissue rather than from the tubercles themselves.

In three cases auscultation gave no indication of disease. In the majority, signs of bronchitis were present. A number presented a prolonged expiratory sound; but as this sign is present in almost all forms of chronic pulmonary disease, alone, it is of little import. In some cases, especially towards the close, moist sounds, varying from the fine subcrepitant to the coarse bubbling rales, appeared in localities all over both lungs; they were usually few in number. In a rapid case of three weeks' duration, in a previously healthy young man of 20, a distinct soft rubbing sound, also perceptible to touch, was noticed for two days over the upper half of each side of the chest, at the beginning of the second week; at this time his symptoms were by no means annoying, the cough was slight, and while the number of his respirations were increased, forced inspiration was without pain, or aggravation of the cough. This case recalled those reported by Burkart and Jürgensen. The diagnosis, however, was not confirmed owing to his family objecting to a post-mortem examination.

Considering the stress laid by many on the necessity of examining the eye for the appearance of the shining miliary tubercle, since Manz discovered them in the choroid of the eyeball in a girl who had died of acute tuberculosis, I cannot but regret that no ophthalmological

examinations were made. The duration of the disease varied from two to seventeen weeks, usually running its course in from three to seven weeks, the characteristic train of symptoms in all being slight cough, significant dyspnoea, more or less cyanosis, a gradually-increasing pyrexia, with great loss of flesh and an overwhelming weakness. A Vicksburg mulatto, in two weeks, wasted from 170 pounds to a mere skeleton. Most of the cases resembled severe bronchitis. Two cases pointed to typhoid fever, the question being raised, in these patients (with their low grade of symptoms), by the knowledge that enteric fever is frequently accompanied with bronchitis.

The treatment was in the highest degree unsatisfactory. The main indications were to reduce the fever and to support nutrition. For the latter, the chief dependence was on milk and raw eggs, together with brandy or whiskey, in the form of egg-nog or milk punch. Admitting that tubercles appear in crops, and that the great "effort" is to be the prevention of another deposit, in the cases here reported, it seemed utterly impossible to prevent the so-called secondary eruption. Six of the cases were treated with carefully selected, indicated remedies, such as apis, ars., bry., gels., phos., puls. and sulp. in the beginning, and later on, as the case advanced, with amm. c., ars., carbo veg., lach., opium, tart. emet. and veratrum, with invariably fatal results. Four cases were given quinine in massive doses, with the free use of the iodides, arsenic in small appreciable doses being used when tolerated. Inhalations of antiseptic vapors, oxygen, etc., were freely used with the same disastrous results, to which were added the disagreeable features of this method of treatment.

ABDOMINAL DIABETES.—Thomayer, of Prague, concludes from his observations that diabetes may arise not only from cranial injuries, but from trauma of the abdominal organs as well. Clinically we find in all such cases that gastralgia or enteralgia masks the true disease. Among other cases he mentions one of a middle-aged man, who complained of severe abdominal pain at night, resulting, as he supposed, from a fall on that portion of his body ten weeks before. Nothing abnormal could be detected in the abdomen by physical examination. But the urine was found to be loaded with sugar. Another case was that of a man who fell heavily on the ice. Pains in the hepatic region followed immediately; after a few weeks visible emaciation set in. Three per cent. of sugar was found in the urine. The author supposes that in these cases some alterations in the solar plexus takes place. Such injuries may also affect the pancreas.—*Wien. Medic. Presse*, 34, 1889.

EDITORIAL.

THE ALBUMINURIA OF PREGNANCY.

THE comparative frequency and the occasional dangerous character of the albuminuria of pregnancy make it always an interesting subject for study. Its frequency is, however, variously estimated by different observers. In general practice it is doubtful if it is recognized very often, owing to the lack of systematic urinary examinations in pregnant women. The urine in such cases is usually examined only when the symptoms of the patient indicate the necessity for such a course; or, if examined at all, the examination is made in a perfunctory sort of way; if no albumin is detected on the first examination, that is considered sufficient, and no further thought is given to the condition of the kidneys.

While, as has been above stated, authors differ considerably in their statements respecting the frequency of albuminuria in pregnancy, the general consensus of opinion among obstetricians places it among the more frequent complications of gestation. Thus of 712 cases of pregnancy observed by Meyer, Blot, Hypolitte, Litzman, Möricke, and Pitet, 176, or 25 per cent., had albuminuria. Schröder found albuminuria in from 3 to 5 per cent. of all pregnant women; Ingerslev, in 29 out of 600 pregnant women, or 4.8 per cent. of his cases. Of the latter the albuminuria was of renal origin and of primary appearance during the pregnancy in only seven cases. Bright's disease pre-existed in one case; and in 21 cases it was referable to catarrhal inflammations of the urinary ducts. Fleischlein's observations make albuminuria of pregnancy almost as rare an occurrence as does Ingerslev. In 1000 pregnant women examined by the latter, albuminuria was discovered in 26, or 2.6 per cent. In 5 of these cases the albuminuria depended upon vesical catarrh, and in two cases upon antecedent kidney disease. The editor of the *American System of Obstetrics* places more credence in the results of Fleischlein and Ingerslev, first, on account of the large number of cases observed by them; and secondly, on account of the painstaking care with which their investigations were conducted.

The mechanism by which pregnancy produces albuminuria is yet to a great extent a matter of dispute. It is well known that albuminuria is of more frequent occurrence during the later stages of gestation. It has therefore been held that it is the result of pressure of

the uterine tumor on the kidneys. Were the albuminuria limited to this stage, we would have but little trouble in explaining its occurrence; but it is known that it may make its appearance early in the course of a pregnancy; in fact, at so early a period that increased intra-abdominal pressure can have but little to do with its genesis in such cases. The claim has been made that the gravid womb by exerting pressure on the renal bloodvessels produces passive congestion of the kidneys. This idea is, however, incorrect. That passive congestion of the kidneys does obtain is true, but it is not the result of the direct pressure on the renal vessels.

We have known a case of pregnancy to begin at a time when the patient was suffering from quite marked albuminuria, the result of a pregnancy which had terminated but a few months before in premature labor and still-birth, progress to a favorable issue with complete disappearance of albuminuria up to the eighth month of the new pregnancy. At this time slight albuminuria appeared.* The treatment adopted in this case was the administration of mercurius corrosivus 3x, every two hours, persisted in for three months. Albuminuric retinitis further complicated the case at the time of the premature labor. This woman has had seven pregnancies in the past nine years. All the preceding ones had been normal.

Prof. Halberstma, in a paper read before the International Medical Congress held at Copenhagen in 1884, said that he could not recognize as the cause of albuminuria in pregnant women a reflex contraction of the renal arteries. He believed that this complication of gestation was especially observed in those cases in which there was a want of proportion between the size of the gravid uterus and the abdominal cavity. The true cause of the trouble in the majority of cases, was, he thought, the tension and compression of the uterus. The same authority has elsewhere given as a cause of albuminuria of pregnancy the pressure of the gravid womb on the ureters. This pressure, by causing hindrance in the discharge of urine from the kidneys, readily leads to dilatation of the ureters and changes in the renal parenchyma.

Other authorities, as Tyler Smith, Cohnheim, Spiegelberg, and Fleischl look upon the trouble as a reflex one entirely, exerted upon the kidneys by the pregnant uterus.

It has been held by some obstetricians that the excessive amount of nutriment taken by some pregnant women is the cause of albu-

* Since the above writing, the patient referred to completed her pregnancy. One week after labor there was no albuminuria.

minuria. This may be the case where the amount of albumin in the urine is small, but not in those instances where it is large and the urine is loaded with tube casts.

It would be queer, in these days of multitudinous bacteria, if the nephritis of pregnancy was not attributed to some form of micro-organism. Doleris and Pouey have studied the relation between micro-organisms and the albuminuria of pregnancy, and have reached the following conclusions:

1. Micro-organisms are to be found in the bladder in these cases, independent of the albuminuria, and apparently unconnected with any kidney trouble.

2. Albuminuria is present in about 5 per cent. of pregnant women, and in such, urine micro-organisms, especially streptococci, are always present.

3. The blood of such women usually, if not always, contains bacteria, the presence of which is demonstrable by culture.

4. In the cases of albuminuria of pregnancy with eclampsia, micro-organisms were present in both blood and urine, and apparently had a direct quantitative relation to the severity of the convulsions.

Other hypotheses have been brought forward to explain the origin of albuminuria in the pregnant, but the above ones are in most favor at the present time. It is certain from the great variety presented in its symptoms by the albuminuria of pregnancy, that no one cause can be made to explain all cases. In some instances the albuminuria would seem to be of the simple functional sort, such as has been described as of occasional occurrence in the presumably healthy. In others it is evidently due to the large amount of nourishment taken by pregnant women. In still others, and these are the most dangerous cases, it is the result of a true nephritis.

The manner of appearance of the renal complications of pregnancy will vary greatly in different cases. In some there will be no symptoms whatever to indicate the danger in which the patient is placed. In still others the patient, while apparently in the best of health, is taken with a rapidly appearing anasarca and occipital headaches. Usually, however, slight œdema of the face and certain vague nervous symptoms are the signs which show the importance of directing prompt attention to the kidneys.

The prognosis of the albuminuria of pregnancy embraces a number of points, in all of which we fear it is impossible to decide with satisfaction. We have to consider the effects it will have on the woman and on her offspring, for the nephritis of pregnancy is a prolific cause of foetal death. There must be considered its effect on the

future health of the woman, and on future pregnancies. We have recently treated a case of Bright's disease, ending fatally, in which the woman had had albuminuria, with eclampsia, in a pregnancy of twenty-eight years before. Whether there was an etiological relation between the kidney disease of the pregnancy, and the fatal interstitial nephritis in this case, can only be conjectured. The subsequent histories of all serious cases of pregnancy nephritis should be noted, and their bearing on the production of chronic Bright's disease duly recorded. Ingerslev believes that a complete return to health after nephritis of pregnancy has become established, is doubtful. Hofmeier, likewise, regards the prognosis of the nephritis of pregnancy as very bad. As for its effect on the foetus, it is now a well-recognized fact, as has been before stated, that it is, next to syphilis, the most frequent cause of foetal death.

The death of the foetus, as a result of nephritis, is supposed to be brought about by the production, as a result of the kidney disease, of disease of the placenta. Fehling and Wieder have reported cases of nephritis of pregnancy, with foetal death, in which careful examinations have shown the placentas to be the seats of white infarctions. The origin of this lesion has been variously explained by different obstetricians. It is even held by some that the placental lesion is the primary one, and that the renal lesion is secondary to it.

It is generally held that the albuminuria disappears within a few weeks after labor. This is not the case in all instances, by any means. Most of the cases reported in recent numbers of medical journals show that the albuminuria may hang on for several months before it takes its permanent departure. Tarnier has reported one case in which it persisted for fifteen months after labor.

It is often an interesting problem to decide whether in any given case the albuminuria is the result of kidney disease primary with the pregnancy, or had existed before pregnancy, as chronic Bright's disease. The only differential point for the diagnosis of these conditions, with which we are acquainted, is the one relating to the specific gravity of the urine. In the nephritis of pregnancy the urine is usually of normal specific gravity, while in the case of chronic Bright's disease it usually has a low specific gravity.

The treatment of nephritis of pregnancy resolves itself into the mechanical, dietetic and medicinal. At the present time the induction of premature labor, or even abortion, is looked upon as a suitable measure in aggravated cases. In cases of pregnancy occurring in the subjects of chronic Bright's disease, the production of abortion is considered by Tyson to be the only resource. In cases occurring

during the latter months of pregnancy, when the foetus is viable, the induction of premature labor is probably the safest plan of treatment, as it offers the greatest chances of safety to the child, as well as to the mother.

As to diet, Tarnier has placed himself on record as being strongly in favor of an exclusive milk diet. In many instances this will not be tolerated by the patient for any length of time. In fact, there are patients who seem to get along better on an ordinary mixed diet than on any other. Tarnier even goes so far as to say, that since the adoption by him of an exclusive milk diet, in the treatment of albuminuria of pregnancy, he has found the induction of premature labor rarely necessary.

As to remedies, those drugs which have seemed suited to renal affections, occurring under other circumstances, are suitable here. Mercurius corrosivus, arsenicum, helonias and euonymus appear to be the ones that will suit the majority of cases. Still, symptoms will appear in which sepia, apocynum, apis, lachesis, and other of our well-tried remedies will be needed.

A CORRECTION.

IN our report of the New York Society meeting, Dr. C. A. Bacon was not correctly reported. What the doctor did say was that patients often did as well without the binder as with it, and that sexual excitement during the puerperal period was a cause of subinvolution.

H. NOAH MARTIN, M.D.

DR. HENRY NOAH MARTIN died September 1, 1889, at the Hahnemann Hospital, Philadelphia, of apoplexy. Dr. Martin was born at Albion, N. Y., on October 20, 1829. His early education was received in Vermont. It was at first his intention to study law, and he entered the office of the Hon. Jno. Mattocks for that purpose, but he abandoned that project, owing to bad health. In 1850 he removed to Buffalo, where he entered upon the study of medicine in the office of his uncle, Dr. A. S. Sprague. During his residence in that city he became connected with the *Buffalo Republic* as an editorial writer, and also acted as delegate of the *New York World* to the State Editorial Convention, held in Buffalo in 1860. At the outbreak of the civil war Dr. Martin enlisted as a private, but was soon promoted to be judge-advocate of Gen. Couch's division. Upon his return to Buffalo he entered the office of Dr. R. R. Gregg, and attended lec.

tures at the University of Buffalo. He completed his medical studies in the Homœopathic College of Pennsylvania, from which he graduated in 1865. In 1866 he joined the Pennsylvania State Society, being one of its original members. Dr. Martin was an active worker in college matters, having served for a number of years in the faculty of the Philadelphia college. Owing to delicate health in the past eight years he was not as active in professional work as in former times.

NEW PUBLICATIONS.

A TREATISE ON SURGERY, ITS PRINCIPLES AND PRACTICE. By T. Holmes, M.A., Cantab. Fifth edition. Edited by T. Pickering Pick. Philadelphia: Lea Brothers & Co. 1889.

The general arrangement of the new edition of Holmes's *Surgery* remains the same as previous editions, except that the section on diseases of the eye has been entirely omitted. Ophthalmic surgery is pre-eminently a specialty of itself; he who would practice it must study other works than those devoted to general surgery. Its omission from a work on general surgery is therefore very proper.

The latest advances in surgery have been in the surgery of the abdomen and brain. This has been fully recognized by the editor. Among the additions to the work we notice thorough reviews of the recent advances made in the surgical treatment of abdominal diseases in general and intestinal obstruction in particular, the treatment of wounds, tumors, and diseases of the bones and joints. The editor has not even neglected an exposition of the operative treatment of brain diseases in reference to cerebral localization.

CYCLOPÆDIA OF THE DISEASES OF CHILDREN, MEDICAL AND SURGICAL. Edited by John M. Keating, M.D. Vol. II. Philadelphia: J. B. Lippincott & Co. 1889.

In noticing this, the second volume of the *Cyclopædia of the Diseases of Children*, it gives us pleasure to say that it is as worthy of professional support as was its predecessor. To show its scope, we would state that the matter considered therein is divided into five parts as follows: Part I. Diseases of the Skin. Part II. Constitutional Diseases and Diseases of Nutrition. Part III. Diseases of the Respiratory Tract. Part IV. Diseases of the Circulatory, Hæmatopoietic, and Glandular Systems. Part V. Diseases of the Mouth, Tongue and Jaws. To give a complete list of the titles of the monographs making up the volumes (for the various articles have the completeness of monographs), would itself take up more space than can be spared. It is only necessary for us to state that they are selected and arranged in a manner to make a most consistent whole. Hardly a subject that one can think of that can be properly embraced under one of the five heads above mentioned, but what receives thorough elucidation. Even such neglected, though none the less important, subjects as the "Urinary Diatheses," "Functional Disorders of the Heart," and "Diseases and Care of the Teeth," are included. In closing, we must not fail to speak in terms of the highest praise of the excellent character of the numerous plates and figures with which the work is illustrated.

AN INTRODUCTION TO PATHOLOGY AND MORBID ANATOMY. By T. Henry Green, M.D. Sixth American from the seventh English edition. Revised and enlarged by Stanley Boyd, M.B., B.S., Lond., F.R.S. Eng. Philadelphia: Lea Brothers & Co. 1889.

The long-continued popularity of Green's *Pathology* as a text-book for students and practitioners makes any commendation of the work from us unnecessary. It

only remains for us to speak of the changes wrought in this the seventh edition by the editor, Mr. Stanley Boyd. Thus we find that the chapter devoted to the study of fatty degeneration has been entirely re-written, as has also the portion devoted to the etiology of inflammation. Numerous other portions of the book give evidence of the painstaking care in revision on the part of the editor. The section on diseases of the spinal cord is illustrated by numerous new cuts. While we regret that Dr. Green himself did not supervise this new edition, we have cause for congratulation that he has found so worthy a successor as is his present editor.

A HANDBOOK OF MATERIA MEDICA AND HOMŒOPATHIC THERAPEUTICS. By Timothy Field Allen, A.M., M.D., LL.D. Philadelphia: F. E. Boericke. 1889.

This grand work, for which the homœopathic profession waited so anxiously, has now been before the profession for four months, and we hasten at this late hour to pay our tribute to it. It is a volume that has cost the author many hours of patient labor; indeed, we might almost say years, for work was begun on it shortly after the completion of the *Encyclopædia of Materia Medica*.

In reviewing it we find that he has included the consideration of a far greater number of remedies than has been usual with materia medica writers of our school, the total number of remedies considered being over four hundred. He has omitted, justly, we think, the symptomatology of the *lacs* and the *nosodes*. We never like to see abbreviations made in our materia medicas. Still the system adopted by our author in this work is such as not to interfere with the thorough understanding of the subject matter. We also fail to see how the abbreviations could be avoided without increasing the book to a size that would have deprived it of all usefulness. In some cases the system of condensation positively adds to the readiness with which the book can be used as a work of reference.

Few comparisons appear as such. Many of the drugs treated of have a paragraph devoted to drug relations, in which are given the allies and antagonists of the remedy under consideration.

An innovation in Dr. Allen's handbook is the sections devoted to the clinical uses of drugs. This portion of the work, the author says, has caused him great tribulation. From a careful perusal of the matter presented in these sections we can say that the value of the book has been greatly increased by their presence therein.

In conclusion, let us express ourselves as highly pleased with this the last and the greatest work on the homœopathic materia medica. It is one that will ever be useful to the earnest physician in his daily practice, as well as to the deep student of our art.

It would be a dereliction of duty were we to close this notice, truly inadequate of what the work deserves, without giving the publisher credit for the excellent execution of the mechanical details.

GUERNSEY'S BÖNNINGHAUSEN. A new arrangement of an old work. By William Jefferson Guernsey, M.D. Philadelphia: 1889.

The work before us is certainly a novel one. It consists of two parts. The first of these is the so-called index, in which all the symptoms of Bönninghausen's Therapeutic Pocket-book appear in order, but without the list of remedies affixed, which they indicate. Each symptom is given a number, which number refers to the corresponding slip in the other part of the work. The second part of the work consists of about three thousand slips of paper, each with its number and list of remedies, arranged in stalls in a strong paste-board box. Each of these slips contains the names of about 125 remedies, the list of remedies on each slip being the same. Affixed to the left of such remedies as have a value for the symptoms corresponding to the slip, is a numeral, 1, 2, 3, or 4. No remedy has any value for the symptom unless it is thus numbered. These numbers correspond to the four degrees of Bönninghausen, 1 being the lowest, and 4 the highest. In order to use the work the physician first takes the symptoms of his case in writing, and places opposite to each symptom the number corresponding to it in the index. He then picks out the slips corresponding to those numbers. This having been done the slips are placed side by side on the desk, the lines at the top of the same being exactly on a line with each other. Then note the numbered remedies on

each slip by adding across the slips, and the remedy which gives the greatest sum, is the one suited to the case.

Such is the plan of Guernsey's Bönninghausen. It certainly has the merit of originality. It represents a plan of working which will be as heartily condemned by some, as praised by others. We at once after receiving it, took a case according to the directions. The result was as follows: Nux vomica added up 21; natrum mur., 20; sepia, 19; phosphorus, 17; pulsatilla, 16; and china, 15. Our objection to the work is this: If the physician blindly follows it and assumes, as in the above case, that nux vomica is the remedy, simply because the sum of affixed figures to that remedy is the highest, he converts himself into a mechanical prescriber, working on the brains of some one else. If, on the other hand, he uses it for the purpose of limiting his study to, again taking our case, nux vomica, sepia, natrum mur., china, phosphorus and pulsatilla, it is a positive aid.

Against the assumption that the remedy having the highest sum being the indicated remedy we offer the following: 1, 2, 3, and 4, are arbitrary numbers representing the relative value of each remedy for a given symptom. To make these numbers absolutely accurate in prescribing, 2 should have double the value of 1, 3 triple the value of 1, and four, quadruple the value of 1. A fractional variation from the exact multiple destroys the value of the number. Now it is very readily seen that such an arbitrary valuation of remedies symptomatically is not possible or even conceivable; even if possible or conceivable, such valuation must be subject to the sources of error to which all human work is liable.

To sum up: To some Guernsey's Bönninghausen will be a valuable help, as aiding him in the limitation of the number of remedies which he should study. We would not, however, advise its use as an absolute and exclusive guide.

WOOD'S MEDICAL SURGICAL MONOGRAPHS. Vol. II., No. 3—Vol. III., No. 3, inclusive.

Of the June issue of this new periodical it is only necessary to call attention to the fact that it consists of a treatise on "General Orthopædics including Surgical Operations," by Dr. August Schreiber. The text of the book is profusely illustrated.

The July number, Vol. III., No. 1, contains no less than five monographs, as follows: "Cancer and Cancerous Diseases," by Sir Spencer Wells; "Cardiac Dyspnoea, and Cardiac Asthma," by Dr. S. Von Basch; "The Influence of Menstruation and of the Pathological Condition of the Uterus on Cutaneous Diseases," by Dr. L. Grilley; "Tension as met with in Surgical Practice," by Thomas Bryant; and "Antiseptics and Its Relation to Bacteriology," by Dr. J. Neudorfer. The relation between certain affections of the skin and the female genital organs is well-recognized, yet the short essay of Dr. Grilley devoted to this subject is well worthy of attention.

The August issue contains three essays: "The Treatment of Syphilis at the Present Time," by Dr. Maximilian von Zeissl; "The Treatment of Inebriety in the Higher and Educated Classes," by Jas. Stewart, B.A.; and a "Manual of Hypodermic Medication," by Drs. Bourneville and Bricon. Of the monographs in this number we would mention as especially interesting, those by von Zeissl and Stewart. Both subjects are of great and likewise of increasing importance.

The last issue before us, that for September, contains: "Congestive Neurasthenia or Nerve Depression," by E. G. Whittle, M.D.; "The Art of Embalming," by B. W. Richardson, M.D.; "The Etiology, Diagnosis, and Treatment of Tuberculosis," by Dr. H. von Ziemssen; "Psycho-Therapeutics," by Dr. C. Lloyd Tuckey, and "Sexual Activity and the Critical Period in Man and Woman," by Dr. Louis De Sére. Of the first of these, that by Dr. Whittle, we may say that it is a plea for bleeding as a valuable method of treatment for certain cases of neurasthenia, which the author is pleased to call of a congestive type. The style in which it is written is very tiresome, the author using far more words than are necessary to explain his meaning, and furthermore involving the book by needless repetition. Dr. Tuckey's essay on "Psycho-Therapeutics" is, on the other hand, remarkably clear and interesting, holding the reader's attention untiring to the end. Drs. Richardson's and von Ziemssen's essays are what we may expect from these eminent men.

GLEANINGS.

CONDUCTED BY

S. LILIENTHAL, M.D.,

E. M. GRAMM, M.D.,

W. W. VAN BAUN, M.D.,

E. W. MERCER, M.D.,

H. I. JESSUP, M.D.,

AND THE EDITORS.

THE RELATIONS BETWEEN CHLOROSIS, SIMPLE ANÆMIA, AND PERNICIOUS ANÆMIA.—Dr. F. P. Henry read a paper on this subject before the Association of American Physicians. He suggests that the title of his paper might be criticised on the ground that it assumes certain relations to exist between these various affections of the blood. To such criticism it might be replied that the selection of such a title is the expression of the universal medical belief that these affections are allied, and that it is in the highest degree improbable that such a practically unanimous verdict can be erroneous. The doctor then proceeds to discuss this subject under three heads: 1. Are chlorosis, simple anæmia, pernicious anæmia, etc., separate diseases? 2. Are they of kindred nature? 3. Are they different stages of one disease? Pernicious anæmia is first considered, because the determination of its status is of fundamental importance. It is admitted by those who argue most forcibly in favor of the independent nature of this disease, that its clinical features are common to a number of affections, particularly cancer and atrophy of gastric glands. One set of writers who argue that pernicious anæmia is an independent disease, exclude from this category all cases in which an anatomical lesion in any organ is found. This the writer considers very unscientific, because an independent disease is one which rests upon a constant anatomical basis, or is invariably produced by the same specific agent. Hunter had endeavored to establish pernicious anæmia as an independent disease by the demonstration of an excess of iron in the liver in cases of that affection. He regards this as the essential anatomical feature of pernicious anæmia. The work of Hunter demonstrates the existence of an excessive hemolysis in pernicious anæmia. In Dr. Henry's opinion, however, this excessive hemolysis is a consequence of defective hæmogenesis, certain facts showing that the red corpuscles of pernicious anæmia are abnormally weak and perishable. Chlorosis was universally admitted as being due to defective hæmogenesis, and he therefore regarded it and pernicious anæmia as closely related affections. Transition from pernicious anæmia to chlorosis had been observed by himself and others. His conclusions were: (1.) That pernicious anæmia is not an independent disease. (2.) That it is closely related to chlorosis. (3.) That it may be the terminal stage of other diseases, and especially of cancer of the stomach and atrophy of the gastric tubules. Leucocythæmia and Hodgkin's disease, in that they are always associated with lesions of the blood-making organs—spleen, lymph-glands, bone-marrow, etc.—are independent diseases, or, rather, different stages of the same disease, for such cases as those of Fleischer, Penzoldt and Mosler prove their relations to be of the most intimate nature.—*Medical News*, October 5 and 12, 1889.

THE VALUE OF CREASOTE IN DISEASES OF THE AIR-PASSAGES.—Dr. W. P. Watson, in the *Virginia Medical Monthly*, for October, 1889, reports fifty unselected cases of disease of the air-passages treated by inhalations of creasote, with the following results: Eight cases in the last stage of consumption were noticed to improve for a few days after the creasote treatment was used, but they failed to exhibit any permanent effect, sixteen cases with simple consolidation, markedly improved. All the cases except two (one complicated with chronic Bright's disease, and one with consolidation at both apexes) were soon discharged from the hospital greatly improved. Six cases of chronic bronchitis, some with emphysema, others with pleural thickening, were all greatly benefited by the treatment. Five cases of acute bronchitis, one of acute pleuritis with effusion, and one of acute laryngitis were quickly cured by this method of treatment. The doctor concludes that while creasote will not cure all cases of consumption, yet it will benefit nearly all; that in cases

with simple consolidation before the "breaking-down" process begins, it seems to arrest the diseased process, but that it will require further investigations to ascertain its permanent utility. He had observed in his experiment the fact that the more constantly the inhaler (Robinson's perforated zinc inhaler) was worn, and the internal mixture (creasote, glycerine and whiskey) was taken, the more marked was the improvement. He considers that in order to obtain the full benefits of this treatment, the system should be saturated with the creasote as rapidly as possible.

A NEW CARDIAC REMEDY.—The alkaloid discovered in the common gorse, "whin," or furze, of Europe (*ulex Europæa*), termed ulexine, is of a most powerful character. It appears to arrest all voluntary movements and reflexes by paralyzing the motor tract of the spinal cord and the trunks of the motor nerves. The heart muscle is paralyzed, though preliminary thereto there is an increase of arterial pressure. Further, it possesses a diuretic action similar to that of caffeine, but more definitely marked.—*The Medical Age*, September 25, 1889.

HOW FAR MAY A COW BECOME TUBERCULOUS BEFORE THE MILK BECOMES DANGEROUS AS A FOOD SUPPLY?—Dr. H. C. Ernst read before The Association of American Physicians, a paper on the above subject. The doctor has been investigating the question by means of a long series of investigations. Koch's theory had been that the danger was limited to milk coming from cows with tuberculosis of the lacteal tract. Dr. Ernst's conclusions were as follows: 1. That the milk from cows affected with tuberculosis in any part of the body might contain the virus of the disease. 2. That the virus was present whether there was disease of the udder or not. 3. That there was no ground for the assertion that there must be a lesion of the udder before the milk could contain the infection of tuberculosis. 4. That, on the contrary, the bacilli of tuberculosis were present and active in a very large proportion of cases in the milk of cows affected with tuberculosis, but with no discoverable lesion of the udder.

THE MECHANICAL TREATMENT OF WHOOPING-COUGH.—Dr. O. Naegeli, of Ermatingen, describes a new purely mechanical method for treatment of whooping-cough. Given a paroxysm, the author, standing in front of the patient, firmly catches the ascending rami of the lower jaw with his forefingers, and middle fingers placed just in front of the lobes of the ear, places his thumbs on the chin, and, by strong and steady traction and pressure, pushes the jaw forward and downward. The procedure may be very conveniently modified by making traction with the right thumb and forefinger placed on the alveolar process behind and below the middle lower incisors and the remaining fingers under the chin, while the left hand is fixed on the child's forehead for purposes of counter-traction. If the patient stands with his back to the operator, the latter places his thumbs just above the angle of the lower jaw in front of the ears, the forefingers on the zygomatic arches, the remaining fingers on the chin, and then pushes the jaw forwards and downwards. Traction may be made still more rapidly by putting the forefingers into the patient's mouth, on the alveolar process behind and below the back molars. No force should, of course, be applied to the child's teeth. As soon as the jaw has been moved in the way indicated, the patient is told to inspire deeply. The procedure is said to cut short the spasm almost instantly, which effect is explained partly by its diminishing the muscular tone in a reflex way, partly by its mechanically lifting up the epiglottis (through raising the larynx with the hyoid bone) and opening the rima glottidis. A systematic inhibition of the paroxysms by means of the manipulations has a markedly favorable influence on the course and issue of the disease. The disease becomes milder, vomiting ceases, expectoration greatly lessens, hæmorrhages, as well as complications caused by increase in the arterial tension during the spasmodic attacks, are prevented all through, and the total duration of the affection is shortened, while all bad after-effects are avoided. The same manipulations also give admirable results in spasmodic cough of any origin. The method is very simple, and may be easily learned by nurses, mothers, etc. It is entirely painless, hence little patients subject themselves to it very willingly, and, even after having experienced the striking relief obtained therefrom, try to perform the manipulations on their jaws by their own hands.—*British Med. Jour.*, September 28, 1889.

A NOVEL TREATMENT OF CONSUMPTION.—Dr. Hugo Weber, in the *Berlin Klin. Wochenschrift*, September 2, 1889, describes a new method of treating consumption by means of carbonic acid. It consists in administering to the patient a teaspoonful

of bicarbonate of soda before meals and following it with a glass of water containing twelve drops of muriatic acid. There is generated about half a pint (270 c.c.) of CO_2 , which is gradually absorbed and exhaled by the lungs. Weber reports nine cases in detail favorably affected by this treatment.

A NEW METHOD FOR THE EXTRACTION OF THE FŒTUS IN BREECH PRESENTATIONS.—A. Mars describes a new method of extracting high-standing breech presentations by which he succeeded in three cases where the ordinary methods failed, with complete dilatation of the cervix. After fixing the fundus uteri with the left hand, the right was passed into the vagina, through the cervix, and up between the uterine walls and the sacrum of the child to its back. In this position the index, middle and ring fingers were extended along the spinal column, while the thumb and little finger were fixed around the body, just above the crests of the iliac bones. During the pains the hand is pressed against the child's back, giving a firmer hold; at the same time it will not be too much compressed. During the pains their traction is made until the breech passes the vulva. The extraction is finished by the usual method.—*Centralblatt für Gynäkologie*, October 5, 1889.

NON-RETENTION OF URINE BY YOUNG GIRLS AND WOMEN.—H. Marion Sims attributes this troublesome condition to the contraction of the bladder walls from hypertrophy of the muscular coat, its holding capacity being thereby lessened. Of the cases which he has treated, both in children and adults, he has cured all but two completely, with nothing other than the forcible dilatation by warm water. The water is injected with a Davidson syringe and ordinary silver catheter. The water used was just comfortably warm, and the quantity measured by knowing the capacity of the bulb of the syringe. The quantity which could be held in one of the cases was at first but one and three-quarter ounces, but was increased daily until eighteen ounces could be held without severe pain. The treatment lasted three months.—*American Journal of Obstetrics*, September, 1889.

CREOLINE.—Dr. Jules Chéron has used creoline extensively in female blenorragia with unquestionable success. He has also used it as a disinfectant in cases of purulent endometritis with excellent results. Its effects were non-irritant, but it produced a healthy appearance of the parts. It most admirably takes the place of iodoform.—*Archives of Gynecology*, August, 1889.

A CASE OF GUNSHOT WOUND OF HEAD—BULLET LOCATED BY MEANS OF THE TELEPHONIC PROBE.—Fowler reports an interesting case of gunshot wound of the face, caused by an accidental discharge of a thirty-two calibre revolver. The patient was a boy five years of age. The face and eye were burned with powder, showing that the pistol had been fired at close range. The wound was on the left side of the face, just below and about on a line with the infra-orbital foramen. The wound was probed, and the anterior wall of the antrum of Highmore found perforated. The probe passed directly backward and was arrested at the depth of an inch, but whether by bone or the bullet could not be determined. Girdner's telephonic probe was brought into requisition, whereby the location of the bullet was readily determined. It was then extracted without difficulty with a pair of Péan's forceps.—*New York Medical Journal*, August 21, 1889.

PECULIAR DEVELOPMENT OF LUPUS.—Instead of appearing in its usual idiopathic form, lupus, at times, develops subsequent to other skin lesions, for instance, a traumatism. In such cases it affects one or more localities, but always where formerly an injury, ulceration or scar has been.

If the disease attacks the fingers it can completely destroy them, but never the nails or the matrix. As the finger is shortened by the disease the nail maintains its position at the end of the stump, and may finally reach a position over the head of the metacarpal bone, where it remains in apparently as healthy a condition as in its normal condition.—Dr. Balduino Squire, in *Monatsh für prakt. Dermatol.*, Bd. 9, No. 3.

RARER EFFECTS OF PEDICULI.—1. *Maculae coerullae.*—These are usually seen in blondes with clear, white, transparent skins. They appear as stains of a steel-gray tint, varying from the size of a pea to that of the finger-nail, and usually on the sides of the thorax, back, chest, abdomen and the inner aspects of the thighs and upper arm. Duguet produced them artificially by puncturing the skin with a lancet armed with some of a paste prepared by bruising the pediculi with water.

2. *Pigmentation*.—This is produced by the pediculus vestimenti, the body or clothes louse. It is most marked in the middle-aged, and is the result of continual scratching, generally being moderate in degree.

3. *Absence of Itching*.—This unexplainable circumstance is notably present in those in whom the maculæ coerulæ develop.

4. *Pyrexia*.—The author reports three cases in which the temperature was respectively 103°, 106.2° and 106.4°. In none of the cases was there any other demonstrable cause present, and in all of them the temperature returned to the normal when they were freed of the parasites. A similar rise of temperature has been seen in patients who were covered with flea bites.—W. Allan Jamieson, M.D., in the *British Journ. of Dermatol.*, August, 1889.

GIANT CELLS AND ELASTIC FIBRES.—Dr. Ssudakewitsch, of Kiew (Virchow's *Archiv.*, ser. xi, vol. v., No. 2), has discovered that the giant cells have the property of absorbing and assimilating elastic fibres. In sections from a nodule, occurring in the disease known in Samarkand by the name of paschachurda, and which belongs to the class of oriental boils, he observed giant cells which had within them elastic fibres from the cutis. These were entirely within the cells, or only partly so, one portion protruding while the other was clearly distinguishable in the body of the cell; again, the fibres were in some instances perfectly well preserved, while in others they were broken up, more or less dissolved or shrunken in appearance. Similar destruction of the elastic fibres of the skin was observed by the same author in a case of lupous vegetations on the skin of the knee, several of the giant cells having apparently swallowed a part, or the whole, of a number of elastic fibres. He found that Herxheimer's method of staining was the best to make the phenomena clearly discernible. He thinks that the loss of elastic tissue in the skin, often observed in a number of chronic inflammatory processes in the cutis, will in several cases be proved to be due to the phagocytary action of the giant cells.—*British Journ. of Dermatol.*, August, 1889.

THE SURGICAL TREATMENT OF ERYSIPELAS IN CHILDREN.—Dr. Seibert (*New York Medical Journal*, October 19, 1889) recommends a modification of Reidel's and Lauenstein's method of incisions, as the latter necessitates anesthesia, and the so-called "fence" of incisions is made in healthy tissue, about an inch or more from the diseased portion. The author has practiced the same incisions, but at the border of the inflammation. He uses the vaccination harrow, and does not employ an anæsthetic, the parts being made thoroughly aseptic previous to incising. He relates three cases in which he practiced this procedure with most gratifying results.

IODINE IN THE TREATMENT OF WARTS—Dr. Imossi recommends tincture of iodine in doses of ten drops, twice daily. In ten cases which he treated it proved very successful, preventing the further development of warts, and causing those already present to disappear. He also noticed the marked emaciation produced by this treatment, which he has since turned to account in the treatment of obesity. He has thus succeeded in procuring a diminution of weight of about twelve pounds in three weeks.—*Med. Record*, October 19, 1889.

ANTIPYRIN SUBCUTANEOUSLY IN THE TREATMENT OF SCIATICA.—Dr. Osherovsky recommends the subcutaneous use of antipyrin in sciatica. He reports four cases in which he gave an injection, once daily, consisting of six to eight grains of antipyrin and one-eighth grain of cocaine hydrochlorate. In one case a cure was effected after three injections, and others required from five to seven. The author goes on and states that he believes antipyrin administered internally to be of but temporary benefit, and that when used hypodermically its action is more speedy and requires smaller doses. He has found no unpleasant symptoms following its use.—*New York Medical Journal*, October 19, 1889.

OPIMUM INJURIOUS IN PERITONITIS.—Opium is contra-indicated in every form of peritonitis, as it only increases the consequences of the disease, and, in every case, masks the symptoms. If some affirm that opium is necessary to immobilize the intestines, we must consider that the intestines are already immobilized by the moisture contained in the muscular coat. It is true that in large doses opium diminishes the pain, but the quietude of the movements of the intestines it produces favors the formation of adhesions, producing obstructions at a later stage, and other dis-

turbances in consequence of cicatrized cords. Opium also causes meteorism, with all the dangers peculiar to over-distension. To prescribe opium in a case of peritonitis renders the physician unable to look the threatening dangers in the face, and the moment is thereby allowed to pass whereby life may be saved by operation.

While opium is contra-indicated in peritonitis, Baldy speaks in favor of purgatives in the treatment of this disease. They produce increased peristaltic action, and thus prevent adhesions and disturb cicatrization; they liberate the abdominal cavity from its inflammatory products; exudation diminishes on the inflamed surfaces in consequences of the emptying of the bloodvessels in the intestinal walls. Thus the inflammation is stopped in its course, pulse and temperature improve, and the pains lessen. These are clinical facts, all theorizing in favor of opium to the contrary. When examination shows that the peritonitis is due to an organic lesion, an incarcerated hernia, a suppuration or a trauma, the quicker an operation is performed the better it will be for the patient, especially when purgative treatment fails to give relief. Simple laparotomy, with subsequent irrigation, often suffices. It is advisable to look upon peritonitis as a disease especially amenable to surgical treatment.—*Deutsch. Med. Zeitung*, August, 1889.

HELIANTHUS ANNUUS FOR MALARIA.—Karatschkoff reports that the Musselmen in the Caucasus use the helianthus internally and externally in the treatment of malarial affections. A sheet is covered with the blossoms and saturated with sour milk, under which the patient is packed until he is thoroughly sweated. Then he is dried. Such packs are repeated until the attacks have thoroughly disappeared, which usually happens after five packs. To make the tincture for internal use, the blossoms and stalks are macerated for two or three days in a bottle full of water and placed in the sun. The fluid decanted from this is yellowish-brown. Of this the patient takes three tablespoonfuls daily. In recent cases the attacks pass away in one to three days. Old cases require a week for their cure.—*Wien. Med. Presse*, 38, 1889.

(Allen, vol. iv., mentions, as symptoms of the sunflower: Headache; epistaxis; flushed and anxious face; dry, hot tongue and fauces; burning sensation in the fauces, œsophagus, and epigastrium, worse after vomiting; hæmorrhoids; soft black stool; breathing difficult and hurried; pulse 110, soft, full, and compressible; urticaria, worse by heat, morning and night; skin generally of scarlet redness and very hot. No other mention of this drug is made in any materia medica.—S. L.)

SUDDEN DEATH AFTER MORPHIA INJECTIONS.—Chaber reports several cases of sudden death taking place in patients in the last stages of phthisis after the hypodermic injection of 0.01 of morphine. Cases have also occurred in the course of arthritis and typhoid fever.—*Rev. Gen. de Cliniques*.

TREATMENT OF ALOPECIA.—Hallopeau divides the treatment of alopecia into prophylactic and curative. The former consists in frequent disinfection of combs, brushes and all implements of toilet. For local treatment he recommends an alcoholic extract of turpentine, with the addition of 1 to 1000 of corrosive mercury. The healthy parts of the scalp are washed with this fluid. The already denuded parts are treated with tincture of cantharides, and the vesicant must be renewed as soon as new epidermis is formed. Alopecia is thus removed in from three to four months, while without treatment it is sure to last throughout life.—*Bulletin Med.*, 32, 1889.

THE TREATMENT OF GLAUCOMA.—In closing his remarks on the treatment of glaucoma, Mr. Jonathan Hutchinson submitted the following propositions for the discussion of the British Medical Association: 1. As a rule a free iridectomy is the safest and best treatment for all forms of primary glaucoma. 2. It is always well to use eserine before resorting to operation. In a very small minority eserine will be found to completely relieve the symptoms, and in a still smaller group the relief given by it may be permanent. 3. The continued use of eserine will very seldom suffice to prevent the recurrence of glaucomatous tension, and in any case in which, in spite of it, the sight is declining and the field contracting, an operation should be resorted to. 4. The cases in which eserine is most hopeful are, first, those in which the disease has been induced by atropine, and next those in which the disease recurs at long intervals. 5. The more nearly any case approaches the type of acute glaucoma, the more probable it is that iridectomy will put an end to

the process. 6. The more absolutely simple a case is, that is, the more absolutely free from pain, congestion, perception of haloes, etc., the less there is to be hoped from operation. 7. Cases of simple glaucoma are not, as a rule, benefited by the continuous use of eserine, and the choice rests between letting the disease run its course and an operation. The progress of simple glaucoma is often very slow, and the interval is often long before the second eye is affected. 8. It follows from the last proposition, if simple glaucoma occurs in an old person, or to one in feeble health, that the patient's sight may readily last through life. 9. Iridectomy for simple glaucoma is often followed by immediate deterioration of sight and advancing pallor of the disc, with or without recurrence of increased tension. It can by no means be regarded as a harmless operation. When iridectomy is done for simple glaucoma, it should always be done very freely, and the patient should be prepared for the possibility that a second operation will be requisite. 10. In the first instance iridectomy is preferable to sclerotomy, but if a relapse have occurred, then the latter may, in the hands of one well experienced in its performance, be a better procedure for a second operation. 11. A certain number of glaucomatous cases, especially those occurring in young adults, and in association with a definite inheritance of tendency to gout, should be treated with reference to that fact. 12. A certain number of cases of secondary glaucoma, especially those in connection with iritis, cyclitis, etc., are susceptible of permanent relief by eserine, and do not require an operation. This remark properly applies to most cases of increased tension in association with interstitial keratitis. 13. Although, as has been admitted, the prognosis after operation for simple glaucoma is always doubtful, it is yet the surgeon's duty to resort to operation in all cases in which the disease is definitely advancing, very old patients alone being excepted. 14. If after operation for glaucoma recovery has once been well established, and the increase of tension completely relieved, it is very rare indeed for the disease to recur. Eyes once saved usually wear well.—*British Medical Journal*, September 28, 1889.

PEA SOUP AS A SUBSTITUTE FOR BEEF TEA.—Dr. Ris, of Switzerland, emphatically recommends pea soup as an excellent substitute for beef tea for invalids, convalescents, and especially for patients suffering from cancer of the stomach or diabetes mellitus. Take peas, water and a sufficient amount of some vegetables suitable for soup; add 1 per cent. of carbonate of soda, and boil the whole until the peas are completely disintegrated; then let the soup stand until sedimentation is complete, and decant the fairly clear thin fluid above the deposit. The product is said to resemble a good meat soup in its taste, to be at least equally digestible, and at the same time to surpass the very best meat soup in nutritive value. The latter statement may appear surprising, but the author reminds us that peas contain a considerable portion of legumen, that is, a vegetable albumen, which is easily soluble in a faintly alkaline water, is not coagulated by heat, is easily absorbed, and equal to the albumen of eggs in its nutritiousness.—*Medical News*, October 12, 1889.

TREATMENT OF SCIATICA WITH FLOWERS OF SULPHUR.—A workman suffering from sciatica was treated with antipyrine, but without obtaining any relief thereby. A fellow-workman recommended him to bandage the affected limb in flowers of sulphur, which he did. This produced a transitory relief for some time, and when the pains returned they were more bearable. Dr. Lassar succeeded in curing one case of sciatica with flowers of sulphur, after all other remedies had failed.—*Progress Med.*, 37, 1889.

EROTIC INSANITY.—Trélat reports the case of Mrs. V., of strong constitution, amiable in disposition, apparently of modest manners, and very industrious, in spite of her sixty-nine years of life. To one uninformed of her trouble, there was nothing to point to mental alienation, although she has been four years in an insane asylum. From the age of puberty she gave herself up to promiscuous embrace with males. In mixed company she blushed easily, and her modest behavior left nothing to be desired. But as soon as she was alone with a male, whether young or old, or even with a male child, she was changed, immediately entreating for an embrace. The more she was scolded the worse she got. Her parents hoped for improvement from marriage, but that made matters worse, for then she gave herself up to any one who would gratify her insane desire. She was then confined in a nunnery; her behavior there was so innocent and lady-like, and she followed with so much piety all the religious exercises, that she was allowed to return to her home. As soon as she was free, her scandalous conduct returned, with all its former

furor. Her husband and children were in despair, and hoped that old age would quench the unnatural fire; but the more her excesses, the better she felt. After the death of her husband, her children sent her to retirement. Though age crept on, she squandered her money in inducing males to cohabit with her. She was finally placed in a female insane asylum, where she behaved with the greatest decency. She died at the age of seventy-four, from cerebral hæmorrhage. Nothing abnormal was found in the brain.—*Journ. de Med.*, 16, 1889.

HEREDITY OF TUBERCULOSIS OF BONES.—Dollinger observes that parents who consulted him on account of tuberculosis of the bones and articulations in their children were very rarely themselves affected with tuberculosis, but in several instances the grandparents had succumbed to phthisis pulmonum. As a result of his investigations of 250 cases he concludes that tuberculosis of the bones does not appear so often in the children as in the grandchildren of those suffering from tuberculosis. It seems that the bones must remain for some generations under the influence of the virus. They must lose some of their vital powers before they become a suitable soil for Koch's bacillus.—*Allgem. Med. Centr. Zeitung*, 72, 1889.

THE EFFECT OF WOOLLEN CLOTHING ON PERSPIRATION.—Dr. Lasarew investigated the effect on the perspiration of woollen underclothing. A number of healthy soldiers were each kept under observation for a period of thirty days. It was found that the amount of all substances excreted by the lungs and skin was increased during the time that such underclothing was worn, while the quantity of urine decreased. As soon as linen underclothing was put on again, the reverse conditions resulted. When wool was worn next to the skin, the surface temperature became elevated several tenths of a degree. The general temperature, the pulse, and the respiration remained unaltered.—*Monatsh. für Prakt. Dermatol.*, Bd. 9, No. 6, 1889.

PETROLEUM SOAP IN SCABIES.—Dr. H. Emery, of Paris, recommends the following preparation in obstinate cases of scabies:

R. Petroleum,	50 parts.
White wax,	40 parts.
Alcohol,	50 parts.
Soap,	100 parts.—M.

—*British Journal of Dermatology*, September, 1889.

"SYPHILITIC GONORRHOEA."—Fitzgibbon was consulted by a young man for impeded urination, which he attributed to a stricture following gonorrhœa. At the membranous urethra, and just anterior to it, an induration about half an inch in diameter could be felt. A thin, semi-purulent discharge had reappeared, and the inguinal glands had become swollen. In a few days a papular syphilide made its appearance, which disappeared under a mild mercurial treatment, as did also the apparent stricture. Such a deep location of the initial sclerosis is rare.—*Archiv. für Dermatol. und Syphil.*, Heft. 4, 1889.

EXTENSIVE CHANCRE OF THE UPPER LIP.—Besnier presented a hard drinker with an extensive, ulcerating, and œdematous chancre of the upper lip and typical submaxillary polyadenitis. In commenting on this case, Fourrier remarked that extensive initial scleroses were of unfavorable prognostic import, and were usually followed by severe syphilitic lesions, although exceptions to this rule sometimes occurred.

A few days later the patient was attacked by facial erysipelas, the chancre healed rapidly, while the lymphatic enlargements suppurred.—*Archiv. für Dermatol. und Syphil.*, Heft. 4, 1889.

CHILBLAINS.—Iscovesco claims that the ulcerations of erythema pernio were very frequent in scrofulous patients. At Berck, out of 326 infants, 82 suffered from scrofula. The secretion of these ulcerations inoculated into rabbits produced tuberculosis.

Chilblains present special gravity in certain cases, as they might become the starting-point of cutaneous tuberculosis, and are specially tenacious when they occur on the fingers of patients affected with spina ventosa.—*British Journal of Dermatology*, October, 1889.

HÆMORRHAGE FROM THE UMBILICAL CORD.—Dr. Auvard has recently described an instructive case of this accident, which occurred six hours after birth in a private case. The cord was carefully tied one inch and a half from the umbilicus; it was thick and contained much Whartonian jelly. Four hours later Dr. Auvard visited the mother, who was thirty-five years old, and had borne two other children. Looking at the infant he noticed that it was rather pale, but sleeping comfortably. He was sent for an hour and a half later, as the nurse had found the child's binder soaked with blood, and its extremities were cold. The cord was immediately tied again and the child kept warm. On the next visit the doctor found that drops of blood kept issuing from the stump of the cord, notwithstanding the new ligature. He tied the three umbilical vessels separately; the hæmorrhage then ceased, and the infant, a well-nourished female, recovered perfectly.—*British Med. Jour.*

THE EXAMINATION OF APHASIC PATIENTS.—In an article on the pathology of sensory aphasia, Dr. M. Allen Starr calls attention to the importance of a more careful examination of aphasics than is usually resorted to. In every case he says it is necessary to investigate: 1. The power to recognize objects seen, heard, felt, smelt, or tasted. 2. The power to recall the names of objects. 3. The power to recognize the names of such objects when heard. 4. The power to call to mind the objects when named. 5. The power to understand speech. 6. The power to understand printed or written words. 7. The power to read aloud and understand what is read. 8. The power to recall objects whose names are seen. 9. The power to write spontaneously, and to write the names of objects seen, heard, etc. 10. The power to copy and write at dictation. 11. The power to read understandingly what has been written. 12. The power to speak voluntarily is preserved, and if not, the character of its defects. 13. The power of repeating words after another should also be tested.

The first five of these will test the various sensory areas, and especially the temporal convolutions and the association tracts between those convolutions and the different sensory areas. The next six will determine the condition of the visual word memories in the angular gyrus, and of the connections between this area and surrounding sensory and motor areas.—*Brain*, Parts XLV. and XLVI.

THE RELATION OF DIET TO URIC ACID FORMATION.—In a paper read before the Practitioners' Society of New York, Dr. W. H. Draper combated the generally received idea that the proper dietetic treatment of the lithæmic state was the exclusion of nitrogenous diet. He said that the excessive formation of uric acid is associated with a diminished alkalescence of the blood. It would thus seem that its relation to diet would depend largely upon the manner in which certain articles of diet affect the reaction of the blood. The alkalescence of the blood may be diminished by the entrance of certain acid salts, as the bicarbonate of soda and acid phosphate of sodium. Still another source of free acid is that which is present in wines and beers; and still another, and perhaps the most important, is found in the process of fermentation which goes on in the alimentary canal in the saccharine, amylaceous, and fatty elements of the food. It is especially in connection with acid dyspepsia to which this fermentative process gives rise, that we find deposits of uric acid and its salts. It is the form of indigestion which is associated with the so-called lithæmic symptoms, and which is often incident to the development of gout. Excess of albuminous food is not the source of increased uric acid formation. On the contrary, a very great increase in the uric acid formation occurs with the non-nitrogenous diet. The clinical evidence, based upon the effects of certain kinds of foods in producing showers of uric acid in the urine, would seem to indicate that these phenomena are the result of the imperfect conversion of the carbo-hydrates.

In Dr. Draper's experience, patients with gout and lithæmia exhibit a striking inability to digest carbo-hydrates. This inability is especially manifest in acid dyspepsia with increased acidity of the urine, with showers of uric acid crystals or deposits of urates; secondly, in the nervous derangements and in the catarrhal lesions of the skin and mucous membranes which characterize the lithæmic state. Closer observation has convinced the author that often the only successful means of combating this derangement is the withdrawal, more or less complete, of the sugars and starches from the diet. In aggravated cases it is necessary to advise a diet as rigidly exclusive of the carbo-hydrates as that required in glycosuria. In some cases it is only necessary to forbid the fermented preparations of alcohol to correct the tendency to uric acid formation. After wines and beers, fruits are the most frequent

cause of lithæmia. In conclusion, the author laid stress on the following points: 1. Deposits of uric acid and its compounds in the urine do not necessarily indicate so much any considerable increase in the formation of this substance as they do a condition of the blood which affects its solubility and the facility of its excretion. 2. That this condition of the blood is one of diminished alkalescence. 3. This diminished alkalescence is produced by the entrance of acid substances into the circulation largely through the fermentation in the alimentary canal, or the imperfect conversion by the liver of the saccharine and farinaceous elements of the food. 4. Clinical experience, which, after all, is, in the present state of knowledge of the chemistry of digestion, our best guide, tends to show that the withdrawal, more or less complete, of the non-nitrogenous foods and the allowance of a larger admixture of the nitrogenous elements, constitute the most efficient means of controlling the formation and excretion of uric acid and the protean functional and tissue derangements which belong to the lithæmic state.—*Medical Record*, October 12, 1889.

PARAPLEGIA, FROM A GUNSHOT WOUND OF THE SKULL, OVER THE CORTICAL LEG CENTRES.—Dr. Frederick Peterson reports the case of a man aged fifty-seven who, desiring to commit suicide, shot himself with a 32-calibre revolver. The muzzle of the weapon was directed against the top of the head. The bullet entered exactly in the antero-posterior median line, something like an inch posterior to the bregma and about seven inches anterior to the occipital protuberance. It became impacted in the bone, splintering the inner table of the skull. The legs immediately became paralyzed. On removal to the hospital the disk of bone containing the impacted bone was removed. A number of loose particles of the inner fragment were also removed. The injury had lacerated the longitudinal sinus, so that the wound had to be plugged to check the hæmorrhage. The dura was slightly injured by spicules of bone, but the cerebral substance beneath it apparently escaped laceration. The knee jerks were enormously exaggerated from the first, and ankle clonus was very well marked. Both legs were paralyzed. There has been no muscular atrophy, no anæsthesia, and no analgesia, and no cranial nerve was affected. Four months after the injury he was able to walk with a cane. There still remained, however, a remarkable exaggeration of the patellar reflexes and the ankle clonus.—*New York Medical Journal*, October 5, 1889.

WHAT DRESSING SHALL LIE NEXT THE WOUND?—The combination of vaseline or oil spread upon any textile fabric represents the worst type of surgical dressing, because the unguent mingles with exuded lymph and retards organization of the latter, because the textile fabric entangles new epithelial cells and connective tissue cells, and because the moist condition of such dressing favors the development of troublesome micrococci. There are only two types of the perfect dressing. An iodoform covering for small exposed wounds represents one of these. Iodoform forms a thin, firm coagulum with lymph, and this is not readily destroyed by micro-organisms. The other dressing is the one that is required for the majority of wounds, and it is composed of the following elements: Immediately next the wound we must have a strip of the Lister protective oiled silk. New epithelium and connective-tissue cells shoot along under this material without interruption. Over this should be placed a bulky dressing of absorbent gauze or cotton.—*Journal of the American Medical Association*, October 12, 1889.

THE PRESERVATION OF URINE FOR MICROSCOPIC EXAMINATION.—In order to examine urinary deposits, it is necessary to allow the liquid to remain quiet for some time. In hot weather the urine is liable to undergo decomposition during this time. To avoid this, the following solution is proposed: To a 12 per cent. solution of borax is added 12 per cent. of boracic acid, and the mixture is filtered while still warm. To the urine to be preserved, from one-fifth to one-third of its bulk of the boracic solution is added, which enables the deposit to be collected before decomposition sets in.—*Journal of the American Medical Association*, October 12, 1889.

DELIRIUM FOLLOWING THE USE OF SULPHONAL.—Dr. George Foy prescribed sulphonal for a young lady of twenty-five with menorrhagia. Twenty-five grains of the drug were given at 9 P.M., and at 10 P.M. she retired. Instead of feeling sleepy, she complained of hearing persons talking to her, and she soon became delirious, holding imaginary conversations with absent friends and strangers. This condition continued until 7 A.M. the next day, when she became drowsy and fell in to

a doze, being stupid and lethargic until 10 A.M.—*Medical Press and Circular*, September 11, 1889.

BULIMIA OR CYNOREXIA.—Peyer reports the case of a woman, aged thirty-two years, previously well and hearty, while giving an account of her divorce case, in which judgment was given against her, to a neighbor, was suddenly taken with a sensation of faintness in the epigastrium, followed by uncontrollable hunger. Her hostess fed her on raw eggs, which she could hardly supply fast enough. She ate more than two dozen eggs, and still asked for more. The hunger lasted throughout the day. The following day she felt perfectly well, with not a trace of indigestion.

Peyer regarded this case as one of bulimia, an acute neurosis of the gastric nerves. Hysteria, he thought, had little to do with it. Chronic cases are more frequent than are acute ones like the above. They show after moderate meals a normal sensation of satiety, but after a few hours abnormal hunger of great intensity sets in. If the hunger is not appeased, fainting and collapse may threaten. At night the patient awakes with gnawing hunger. In a woman suffering from pneumonia, hunger set in every hour, with sensation of anguish, constant gaping, mental dulness and profuse sweating; as she gained strength these symptoms disappeared. In a similar case the bulimia disappeared after the removal of a chronic endometritis. In some of these cases the patient consumes enormous quantities of food and yet emaciates.

Peyer also relates the case of a woman, of uncommonly bad temper, who, when warm weather set in, became better humored, but then complained of loss of memory, occipital headache, and of such an enormous appetite that she took a full meal every second hour; at night plenty of food was kept near her bedside. When autumn came her hunger ceased and her bad temper returned.

In most cases, such as the above, a careful examination will disclose the fact that the patient or some of her family suffers from hysteria or neurasthenia. Among the causes of bulimia we may name hereditary states of degeneration in the nervous system, preceding exhausting diseases and mental worry.—*Centralbl. f. Nervenheilk.*, 16, 1889.

(The following therapeutic hints may not be inappropriate: *Psorinum*, when caused by acute, exhausting diseases; *iodine* and *kali hyd.*, when due to states of degeneration in the nervous system; *staphysagria* and *phosphoric acid*, when following worry.—S. L.)

MULTIPLE NEUROTIC KELOID ON A NEUROTIC BASIS.—Amicus, of Naples, reports the case of a young nervous woman who, from childhood, suffered from numerous nervous symptoms. One year before coming under his observation she was attacked with a symmetrical eruption on the trunk and lower extremities, showing 318 keloids, the size of millet seeds. The lymphatics were normal; the urine showed nothing wrong. During her sojourn in the hospital she had several convulsions, retention of urine, etc. These so-called keloids were small pinkish elevations on the skin, which might be mistaken for sarcomata. No trauma preceded the trouble. Amicus considered the case as one of trophoneurosis, as the keloids from scars are found more frequently in scrofulous families. Their symmetrical appearance in this case speaks also for their nervous character.—*Semaine Medicale*, 37, 1889.

ETIOLOGY AND TREATMENT OF ACNE.—Barthelemy, of Paris, examined into the condition of the digestive tract in 169 cases of acne, and in 165 he detected evidence of dilatation of the stomach. This condition he only found eight times in 27 cases of psoriasis, and 16 times in 59 cases of eczema. Where in cases of dilatation of the stomach acne was absent, he always found a seborrhœa. A skin thus affected readily takes up dust, and thus becomes a good soil for the production of acne. The author is sure that acne and furunculosis may become contagious in families. At first acne is a papular eruption, which never becomes pustular without the intervention of micro-organisms. According to Bouchardt, the dilatation of the stomach causes an auto-intoxication, from which the acne arises. Strict diet, internal asepsis with betanaphthol, good nutrition are the measures to be employed. Intestinal fermentation must be prevented by muriatic acid and pepsin. Antiseptic soaps should be used externally.—*Semaine Medicale*, 37, 1889.

FOLLICULITIS OF THE HAIRY PARTS.—The affection of this name, described by Quinquaud, has been confounded up to this time with alopecia areata. The patches

of baldness which it produces on the scalp are irregular, almost smooth and polished, but showing some granular points at the periphery. The skin at their level is decolorized, whitened, as if atrophied, with some disseminated points of redness. The patches are as large as franc pieces, separated by gray islets of healthy scalp, with tufts of hair which offer a normal resistance to epilation. With a lens a depression of the skin can be easily distinguished, and a pseudo-cicatrical appearance. The fundamental character of this condition is the existence of patches of follicular lesions of different appearances at the periphery of the plaques; most frequently there are purulent points centred by a hair, which can easily be extracted, or fall out spontaneously. There are also simple isolated reddening, with or without secondary desquamation; or, again, they may take the form of red follicular prominences. Neither tubercle, nor favus cups, nor any seborrhoeic alterations have been detected.

A micrococcus has been found, inoculations with the cultures of which on the hairy parts of the rat, the hare, and of man, produce a folliculitis with a falling out of the hair.—*British Journ. of Dermat.*, January, 1889.

RUPTURE OF THE HEART FROM OBLITERATION OF A CORONARY ARTERY WITHOUT ANGINA PECTORIS.—At the Hospital Necker, Prof. Peter treated the following extraordinary case: A man aged sixty-three years, who had never before had any serious disease, had, early in January, an attack of rheumatism with cough, frequent expectoration, and oppression in the epigastric region when taking food. On June 12th, he was suddenly taken with unbearable pain in the epigastrium and fell down unconscious. He was then taken to the hospital where he regained consciousness towards morning. His voice was then weak, his eyes were sunken, he was extremely feeble, and he had a strong craving for food, notwithstanding the fact that every morsel taken aggravated the pain in the pit of the stomach. It was evident that the trouble could not be an ulcer of the stomach. Was it an ulcerating cancer, and could it be possible that an internal hemorrhage was the cause of the fainting? For twelve days he complained of this pain in the pit of the stomach. On June 23, he became aphasic and hemiplegic; an embolus had obliterated the sylvian artery; coma supervened and he died towards morning. At the autopsy the stomach was found empty, and not a trace of a neoplasm could be found. On opening the chest the pericardium appeared to be enormously dilated. It was found to contain 300 grammes of bloody serum, and a blood-clot weighing 255 grammes, and covering the heart on all sides. On the anterior surface of the heart, at the level of the left ventricle, there was a perforation, around which the cardiac muscle appeared macerated; it was full of warty masses of fibrin. In fact, the whole myocardium was softened and necrosed. The anterior coronary artery was obliterated, showing atheromatous spots everywhere. The same condition was found in many other arteries. The cardiac muscle necessarily suffered from want of nutrition; a fibrinous clot caused thrombosis, and an embolus was carried upwards; aphasia and hemiplegia followed. The interest in the case lies especially in the fact that the patient lived so long with a perforated heart, as death is usually immediate after this accident. Not a symptom of angina pectoris was observed. The syncope which took place at the time of rupture caused the blood to ooze out slowly, so that time was given for its coagulation.—*Semaine Medicale*, 39, 1889.

ASPHYXIA DURING AN OPERATION FOR GOITRE.—Janny, of Pest, extirpated a goitre in a young girl. At the very beginning of the operation asphyxia came on. Tracheotomy was not, however, performed, as it would have rendered the operation for the goitre more difficult. So artificial respiration was resorted to. As soon as the part of the goitre impacted between the trachea and oesophagus was removed, breathing again became natural.—*Wein. Med. Presse*, 37, 1889.

NERVE STRETCHING.—Stretching of nerves is contra-indicated in all cases of disease of the central nervous system. 2. It often fails in tetanus. 3. It is useful in neuralgias and in peripheric sensory paralysis of the extremities. 4. Stretching of the facial nerve is indicated in convulsive tic. 5. It is of doubtful benefit in epilepsy. 6. Stretching of the lingual nerve must be tried in painful affections of the tongue. 7. Resection of the nerve is preferable to stretching in the *nervus accessorius Willisii* and in the branches of the trigeminus, with the exception of the lingualis.—*Med. Neuigkeit.*, 33, 1889.

MONTHLY RETROSPECT

OF HOMŒOPATHIC MATERIA MEDICA AND THERAPEUTICS.

CONDUCTED BY

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MATERIA MEDICA.

REMEDIES FOR LOCOMOTOR ATAXY.—Dr. Villers, on the homœopathic treatment of locomotor ataxy and pseudo-tabetic states, says: Most cases are of syphilitic origin, and when from damp cold, *rhys tox.* is the remedy. Pathological anatomy gives no cue for the choice of the remedy, and diagnosis may be sometimes difficult, as similar symptoms exist in hysteria. Treatment differs according to the stage; the first, of irritation, corresponding to inflammation of the cord, where a cure is possible, while the second stage, of sclerosis and atrophy, is incurable. *Secale cornutum* is the most important remedy, as it has the fulgurating pains, and as they are worse from slight, and better from strong, pressure. *Graphites*, *sulphur*, and *stannum* may be mentioned, 30th or 200th, one dose, and not renewed until its effect has passed off. The paræsthesia yields mostly to *secale* or *nux vom.*; the cincture sensation yields to *graphites*, *nux vom.*, *stannum*, and especially to *rhys* and *alumina*; sensation of heat or cold at certain points of the skin, to massage and hydrotherapia. Excitation of the sexual organs is, in both sexes, often a symptom of pseudo-tabetic hysteria, and often indicates *sulphur*, while impotence, with weakness of the knees, hints to *tabacum*. Nothnagel records a case where the patient showed all the symptoms of tabes, and still they were only symptoms of nicotine poisoning. Constipation nearly always yields to *nux vom.*, *opium*, and hot water injections. In retention of urine he advises pressure of the hand on the hypogastric region; thus contractions of the bladder are produced and catheterizing becomes unnecessary. Electrotherapy in tabes is incompatible with homœopathic treatment, while bathing is very beneficial, and, though the bath impregnated with carbonic acid is praised, no great results followed. Indifferent mineral waters, like Gastein, are advantageous, but the patient must not take more than one or two baths in a week.

Vincent Leon Simon tries *plumbum* for these fulgurating pains, as they are seated in the inferior parts of the body. *Zincum* helped in the urinary troubles. Malon, in France, acts equally as well as Gastein.

Daniel is astonished that Villers fails to mention *arsenicum* in tabes, which is the chief ingredient in the Malon waters.

Brasol thinks highly of *agaricus* where the fulgurating pains are accompanied by a sensation of coldness. Batault cured them with *bryonia* 30th. Gallavardin, with one dose of *nux vom.* 30th, made his ataxic patients walk even in the dark, and *conium* 600th often removed the urinary troubles.

P. Jousset relies only on two remedies in the first period: *sulphate of atropine*, already recommended by Hughes, and *sulphate of strychnine*, 3d or 2d trituration; never lower. *Belladonna* and *nux vom.* give a true picture of the first stage of ataxia, and the clinic has confirmed it. He gives one drug for two weeks, and then the other for two weeks. Sea-bathing is also recommended.—From discussion at Congrès International d'Homœopathie, reported in *l'Art Medical*, September, 1889.

URINARY SYMPTOMS OF CANTHARIS AND COMPARATIVE REMEDIES.—We quote

briefly from an article under the above caption, by Dr. John V. Allen, appearing in the October *Medical Advance*.

Cantharis (compared with regard to symptoms of stone) shows a special affinity for the urinary organs; acts on the ureters, with cutting and contracting pains to the penis from these ducts, relieved by pressure on the glans penis.

Berberis.—Cutting pains go from the kidneys and radiate to the loins, hips and back, and the urine has a gray, meal-like sediment.

Ipomœa (morning glory).—Stone in the bladder; pains severe and cutting in the renal region, down the ureter to bladder; the pains excite nausea.

Ocimum.—The pains excite nausea; urine scanty and contains uric acid, and the pains go tearing down the right ureter only.

Pareira Brava.—Stone in the bladder or trying to pass from the kidney; constant urging to urinate, violent pain in glans penis; straining; pain extorts screams; must go down on all fours to urinate; urine contains much viscid, thick white mucus or deposits a red sand, and has a strong ammoniacal odor; the pains go down the thighs during the efforts to urinate.

Hydrangea and *Uva Ursi* have passing of calculi from kidney or bladder.

Cantharis (compared with regard to pains, burning, etc.).—Pains in the bladder violent, burning and cutting, especially at the neck, with violent urging; pains extend to fossa navicularis, worse before and after urination.

Cannabis Sativa.—Burning, worse at the beginning and at the end of urinating, but most characteristically just after; burning in the fossa navicularis (*cantharis*, burning), worse when not urinating, compelling him to urinate almost constantly; the cutting pains extend from fossa navicularis to neck of bladder (*cantharis*, reverse), worse while urinating.

Capsicum.—Symptoms not so violent as those of *cantharis* and *cannabis sativa*; burning, of a smarting character, worse before and after urinating.

Cantharis (compared with regard to tenesmus).—*Violent* tenesmus of the bladder.

Mercurius Corrosivus.—Marked tenesmus; dysenteric symptoms; aggravation at night; profuse sweat; large, flabby, indented tongue.

Antimonium Crudum.—Tenesmus comes on at night so soon as he falls to sleep, and it arouses him, with cutting in the urethra while urinating.

Pulsatilla.—Tenesmus, with stinging pains and continued pressure on the bladder without desire to urinate; tenesmus, worse during urination; pains extend up the ureters.

Tarentula.—Tenesmus, the bladder seems swollen and hard, the pains are excruciating, and the passage of one drop of urine is impossible.

Cantharis (compared with regard to urging to urinate).—Urging almost constant; worse when standing, and still more when walking; better when sitting.

Ferrum Phosphoricum.—Frequent desire to urinate, with pain at the neck of bladder and head of penis; he must urinate at once; not much annoyed at night or when lying, but worse the more he stands.

Cantharis (compared as regards the passage of blood).—Passage of pure blood from the urethra.

Nux Vomica.—The blood passed is clotted.

Millefolium.—The blood forms a sediment in the vessel like a bloody cake.

Nitric Acid.—The hæmorrhage is bright red, not clotted; shuddering along the spine; urine strong, smelling like horse's, and cold when it passes.

Terebinthina.—Blood thoroughly mixed with the urine, forming a dirty, reddish brown, or blackish fluid, or a coffee-grounds like sediment.

Cantharis (compared as regards the urine).—Urine turbid and scanty; cloudy during the night, like mealy water, with white sediment; albuminous, containing cylindrical casts, mucus and shreds; looks jelly-like.

Berberis.—Urine turbid, or becomes so speedily, depositing thick mucus and bright red, mealy sediment.

Cochlearia Armoracea (horse-radish).—The urine on standing becomes jelly-like, with burning and cutting at the glans penis, during and after urinating, with strangury.

Sassafras.—Urine contains little skin-like particles, and the urine burns like fire.

CONFIRMATION OF A GROUP OF EQUISETUM SYMPTOMS.—Dr. J. H. Freer, in the "Therapeutic Notes," found in the October number of the *North American Journal of Homœopathy*, tells of an elderly gentleman, of somewhat phlethoric habits, who had suffered from vesical calculus and feared a return, and who complained of a

general aching through the region of the hips, and of a pain and soreness extending the length of his left ureter, accompanied with frequent and painful urination. The urine was cloudy, and contained an excess of the earthy phosphates. The sounding of the bladder was deferred for a few days, and *equisetum* 3d prescribed to relieve the vesical tenesmus. The patient's symptoms all disappeared after taking the *equisetum*, and he refused to be sounded.

CONFIRMATION OF A GROUP OF LYCOPODIUM SYMPTOMS.—A strong and apparently healthy man consulted Dr. S. D. Johnson, complaining that he had much pain throughout the chest. His bowels were rather sluggish, and his appetite poor. He often sat down to dinner and thought he would enjoy the meal, but a few mouthfuls filled him up. The cervical lymphatics were much enlarged. The urine was high-colored, and he had dull pain in the kidney, *relieved by voiding urine*. *Lycopodium* cured.—*Medical Current*, September.

A LYCOPODIUM VERIFICATION.—"A young man, of light complexion, came to me and reported these symptoms: 'A dull pain in the region of the right kidney; as the bladder fills, the pain increases. He has no bloating, but a feeling of fullness in the abdomen, increased by eating. Sometimes the pain in the back is almost unbearable, but it is relieved by passing the urine.' I gave *Lycopodium* 6x, one prescription, with perfect relief."—Dr. S. D. Johnson, in the September *Medical Current*.

THERAPEUTICS.

FERRUM ACETICUM IN INSANITY.—A thirty-three-year-old woman, married six years, the mother of three children, had become much worse in health after each confinement. When she came under treatment she had profuse menstruation; loss of appetite; loss of strength; was sleepless; had a dry, hot skin; suffered extremely from violent colicky pains which radiated upward from the umbilicus to the chest; was very ill-humored; had headache, constipation, etc. She had previously had a variety of treatment and, during a six-weeks' course, further received numerous homeopathic remedies without obtaining any relief.

Six months later she again came under treatment, having in the meantime been pronounced hopelessly insane. She had run through the village half naked and had tried to choke her children to death. She was much emaciated, very demented, was sleepless, and took no nourishment. For ten days past she had such profuse menstruation as to saturate the bed. *Ferrum aceticum*, 1st cent., was administered with the result of checking the hæmorrhage the same day. Sleep came to her and her appetite returned. In three months a complete cure was brought about by the remedy, she having taken it the whole of that time with the exception of two days when *ignatia* was given for headache.—*Leipaiger Populäre Zeitschrift für Homöopathie*, August 1, 1889.

DIADEMA IN NEURALGIA.—Dr. J. Compton Burnett, in the *Homæopathic World* for September, tells the following story: A maiden lady of twenty odd years wrote: "I am still as bad as ever with neuralgia; every evening punctually at seven I begin with it in my face and head; mostly it leaves my teeth in an hour or two, and only continues in my head. When I once get to sleep I have a very good night until about four or five in the morning, when I wake always with toothache and neuralgia. My best time is from three to seven." "*Diadema* 3x, 6 grains, dry on the tongue every four hours, cured this clock-like regular neuralgia right off, and it did not return. Patient was very pronouncedly of hydrogenoid constitution."

CINERARIA MARITIMA IN CATARACT.—Dr. Mercer, of Trinidad, where the plant grows, has used the juice of the *cineraria maritima* in cataract. He instilled one or two drops in each eye three times per day. His right eye had been operated upon without giving him vision, and the left could not distinguish light from darkness. In the course of a couple of weeks he could tell the time by his watch, and in eight weeks he could even count fingers with his right eye. The application of the remedy does not produce any irritation, with the exception of a slight burning that persists a few minutes, and disappears after copious lachrymation has occurred. The juice from the leaves of the ripe plant is more efficacious than that from the unripe plant, although the former is not so frequently sold by druggists as the latter.—*Älgem. Homœopat. Zeitung*, August 1, 1889.

PHYTOLACCA AND CONIUM IN HYDATIDS OF THE LIVER.—Dr. R. S. Guttridge, in the *Homœopathic World* (August), relates at length an interesting case of hydatids of the liver cured by the alternate use of *conium*, 2x dilution, *phytolacca*, 2x trituration, continued from April until November. The tumor had been tapped twice, but on the patient's applying the third time the St. Thomas's Hospital physicians declined to operate, and informed him that the tumor might burst at any time, in which case death would instantly ensue.

BERBERIS IN THE PAINS OF PYELITIS.—“In a case of chronic pyelitis, with suppuration on the left side, a pain that was very severe ran from the left kidney down the course of the ureter to the hip, *berberis vulgaris*, 1x dilution, was invaluable. The patient said: ‘I could not get along without it.’”—Dr. S. D. Johnson, *Medical Current*, September.

EUPATORIUM PURPUREUM IN NOCTURNAL ENURESIS.—A boy of fifteen, who had suffered from infancy with enuresis, was cured by *eupatorium purpureum* 12h, prescribed by Dr. E. N. Grahn. The symptoms were: Wetting the bed at no special hour of the night; profuse urination during the day. *American Homœopathist*, September.

PULSATILLA IN ENURESIS.—Dr. S. C. McElwee cured, with *pulsatilla* 2m. and c.m., a case of eight years' standing in a little girl. Symptoms: She wet the bed every night, and the urine did not stain the sheets; had to go to make water frequently during the day. She was a frail, blue-eyed, timid creature, crying at everything.—*Clinical Reporter*, August.

CHIMAPHILA IN THE TENESMUS OF CYSTITIS.—Dr. S. D. Johnson relates the following case: In a case of cystitis, after the acute febrile symptoms had subsided, the patient complained of violent tenesmus vesicæ. The urine was high-colored, and there settled profusely a gelatinous and very stringy mass. *Chimaphila*, fluid extract, twenty drops in half a glass of water, given in teaspoonful doses, relieved every hour.—*Medical Current*, September.

AMMONIUM MURIATICUM IN SCIATICA FROM A PROLAPSED UTERUS.—A young woman suffering from prolapsus consulted a physician, and a Sims's speculum was introduced. She afterwards suffered from sciatica. Consulting another physician, the uterus was replaced and *ammonium muriaticum* 6 was prescribed. The symptoms leading to the prescription were: When walking there was a sensation as if the nerve in the left hip was too short and she suddenly stretched it in stepping; pain in the sciatic nerve as if drawn too tightly, worse sitting, somewhat relieved by lying down. The replacement gave immediate relief to the sciatica, but the pain did not completely disappear for three weeks. Both the sciatica and prolapsus were cured. “Golden Grains.”—*Hom. Jour. of Obstetrics*, September.

LILIUM TIGRINUM IN UTERINE DISEASES.—Dr. S. H. Newhall reports the cure of four cases of uterine diseases, with *lilium tigrinum*, in potencies from the 10th to the 60th, verifying the principal symptoms of the remedy.—*Southern Journal of Homœopathy*, August.

HYDRASTIS CANADENSIS IN MENORRHAGIA.—J. M. Fuchs cured a case of menorrhagia which was produced by a myoma of the uterus that was almost the size of a child's head. Two drops of the fluid extract were administered four times per day.—*Allgem. Homœop. Zeitung*, September 5, 1889.

USTILAGO MAIDIS IN LABOR.—This drug is useful during the period of dilatation, and when the pains are weak and the cervix is dilated.—Dr. v. Swiecicki, in *Allgem. Homœop. Zeitung*, September 5, 1889.

CYPRIPEDIUM IN RHUS POISONING.—Dr. E. T. M. Hurlburt, in the *August California Homœopath*, records the rapid cure of five cases (and writes of many others) of rhus poisoning by the hourly administration of from one to five drop doses of the tincture of *cypripedium*. Three doses usually relieved the itching and burning.

THE
HAHNEMANNIAN MONTHLY.

DECEMBER, 1889.

A NEW AND SCIENTIFIC MATERIA MEDICA BASED UPON PURE
PATHOGENESY.

ARGENTUM NITRICUM.

BY THE MEDICAL INVESTIGATION CLUB OF BALTIMORE, M. D.

IN the report of the "Semi-annual Meeting of the Homœopathic Medical Society of the State of New York," published in this journal for October last, is the following extract relating to the Bureau of Materia Medica of that Society: "The Bureau presented three papers, analyses of remedies after the method recently adopted by several writers in the *North American Journal of Homœopathy* and the HAHNEMANNIAN MONTHLY."

By the several writers in the *North American Journal of Homœopathy* is meant Drs. Wesselhœft, Allen, O'Connor, and others, and by the writers in the HAHNEMANNIAN MONTHLY, is meant the members of the Medical Investigation Club of Baltimore, Md.

Although there may be a certain confusing resemblance between the plan of work upon which the articles published in the *North American Journal of Homœopathy* are based, and the plan of work upon which the articles published in this journal are based, but as neither the plans of work, nor the result of the plans are identical, we take this opportunity to correct the error implied in the quoted extract. This we do, simply to disentangle the two plans and render their individual characteristics so clearly defined that the medical profession may easily avoid future confusion.

Both methods are *synthetic* and both have been formulated with the same object in view, i.e., to improve the homœopathic materia

medica, to purge it of useless material, to relieve it of clinical symptoms and of imaginary results, and to ultimately secure for the physician a materia medica that is a record of pure drug effects. In other words, the aim of the two plans of study is to "separate the wheat from the chaff," the true from the false, and to evolve from existing chaos a pure pathogenetic materia medica.

Excepting a few worthies whose conservatism protects them from the harassing mental growth dependent upon enlightened progression, the great army of medical practitioners is now fully awake to the necessity of this reform in materia medica, and desires that the proposed results be attained as early as possible.

The two plans of study in question have been proposed, one by Dr. Conrad Wesselhöft, and the other by the Medical Investigation Club. Although the object is the same in each case, yet the methods of attaining the object have certain points of difference. For his purpose, Dr. Wesselhöft uses, so far as possible, the original records of provers, and recommends as sources for such material Dr. Allen's *Encyclopædia* and Drs. Hughes and Dake's *Cyclopædia of Drug Pathogenesis*. He then recommends that each individual symptom be copied, the records being arranged in parallel vertical columns, beginning with mind symptoms and running downwards through the Hahnemannian schema; thus all similar symptoms are brought side by side horizontally, ready for comparison. Each chart, he states, occupies many square feet, "as large as the floor of a good-sized room." Only symptoms that have been experienced by three or more different provers are to be used. Having compared all the accepted symptoms, a summary of the whole is then made, in which the sense of each group of similar symptoms is expressed concisely in a single phrase. Thus, to illustrate, we find, out of a grand total of fifty provers of a given drug, that thirty have analogous mind symptoms, and that three have analogous stomach symptoms. Both sets of symptoms are therefore summarized and placed in their proper positions in the schema, no mention being made of the relative value of the two, and hence a dead-level value is attained which furnishes no clue in the symptomatology to the general sphere of action of the drug.

No limit is set to either the preparation or the degree of subdivision of the drug used according to this method.

To summarize :

1st. Allen's *Encyclopædia* and Hughes and Dake's *Cyclopædia* are recommended as a foundation.

2d. Provings of drugs prepared according to all methods of attenua-

tion, and in alldegrees of subdivision, are admitted; so that "neither the high-potency nor the low-potency advocate has reason to complain that the method is unfair."

3d. Each chart of symptoms is so arranged as to cover as many square feet as are contained in "the floor of a good-sized room."

4th. Only symptoms that have been experienced by three or more different provers are to be used.

5th. No exponents being used indicative of the number of provers from which the composite symptom is derived, all the symptoms in the synthesis are in consequence reduced to a dead-level value.

6th. Hence, as no general sphere of action of the drug can be derived from the synthetized symptomatology, the drug is given no distinct and well-defined individuality.

These are the prominent features in the method for reconstructing the homœopathic materia medica suggested by Dr. Wesselhœft. Subsequently, however, Dr. T. F. Allen and several other New York physicians have modified this plan. These modifications are exemplified in the studies of *gelsemium sempervirens* and of *actæa racemosa*, both of which were read before the Homœopathic Medical Society of the county of New York, April 11, 1889, and published a few months later in the *North American Journal of Homœopathy*.

Prefatory to *gelsemium* (which was worked by H. Cox O'Connor, M.D.), Dr. Allen says, that "symptoms are not accepted as positive unless corroborated by about 25 per cent. of all observations." Another feature not in Dr. Wesselhœft's plan, has been added by Dr. O'Connor, *i.e.*, the exponent indicative of the number of provers observing the given synthetized symptom. Furthermore, this study of *gelsemium* is based upon Dr. Allen's *Encyclopædia* alone.

The Study of *Actæa Racemosa* by E. A. Porter, A.M., M.D., and W. S. Pearsall, M.D., is based upon both Allen's work and upon Hughes and Dake's, and reverting to Dr. Wesselhœft's original plan, the exponents are absent.

To judge from the work of the New York physicians, Dr. Wesselhœft's mammoth chart has been discarded in favor of the simple and more practicable grouping of symptoms according to the schematic formula of Hahnemann, in a continuous sequence.

Dr. Wesselhœft's method, with Dr. Allen's modifications, may therefore be summarized as follows:

1st. Allen's *Encyclopædia*, and Hughes and Dake's *Cyclopædia of Drug Pathogenesis*, are recommended as a foundation, with a preference for Dr. Allen's work.

2d. Drugs prepared according to all methods of attenuation and in all degrees of subdivision are admitted, so "that neither the high-potency nor the low-potency advocate has reason to complain that the method is unfair."

3d. Symptoms that have been experienced, in some cases, by not less than 25 per cent., in others by not less than 8 per cent., of the provers, or possibly, in some other cases, by not less than three different provers (regardless of percentage), are used to form the final composite symptoms. (These proportions of accepted symptoms have all been suggested, but it is impossible at the present juncture to state what rule will ultimately be adopted).

5th. To judge from published work, the exponent is neither adopted nor rejected, but will be used according to the taste of the individual compiler of the given symptomatology. The exponent is therefore not characteristic of this method.

6th. Hence, as the exponent may sometimes be used and sometimes omitted, some drugs worked according to this method will have a well-defined individuality and some will not.

The foregoing we believe to be a correct explanation of Dr. Wesselhoëft's method of reconstructing the homœopathic materia medica, both with and without the suggested modifications, and having differentiated his method, we are now prepared to give the contrasting explanation of the plan upon which the work of the Medical Investigation Club is based.

1st. Then, as the *Cyclopædia of Drug Pathogenesis* contains the finest collection of pathogenetic records extant, we have adopted it as our fundamental store-house, and from it we draw the material for our studies, adding whatever other records are obtainable from any other sources of satisfactory reliability.

2d. No provings made with preparations above the 12th decimal attenuations are used, and fluxion dilutions are strictly excluded.

3d. No drug is utilized that has not been proved by at least ten different individuals.

4th. No symptom is used that has not been experienced by two or more provers, and in the final synthesis each symptom has an exponent appended thereto, which indicates the number of provers from which the given symptom is drawn.

From this arrangement two advantages arise: first, the possibility of computing the percentage value of each composite symptom, as the total number of provers is stated at the head of each symptomatology, and second, the possibility of seeing at a glance the relative

values of the various symptoms, thus obviating the fatal dead level to which the average work on homœopathic materia reduces all symptoms.

In these remarks our endeavor has been to exhibit the salient points of both the method upon which is based the work recently published by "several writers in the *North American Journal of Homœopathy*," and of the work published in the *HAHNEMANNIAN MONTHLY* by the Medical Investigation Club. Having, we trust, accomplished our purpose, we will now submit another illustration of the results obtained by applying our interpretation of the synthetic method to the reconstruction of the homœopathic materia medica to *argentum nitricum*.

HISTORY.

This substance is a salt prepared by chemically combining metallic silver with nitric acid, and although mention has been made of it for some hundreds of years past, yet as to the individual who primarily formed the combination, and whether by accident or design, history is silent. This substance is of great use in the arts, and is of special value in photography, in which it has been employed from the very conception of the art—as far back as the year 1727. Nitrate of silver also enters largely into the composition of indelible ink. The chief use of this agent in the older school of medicine is as an escharotic, yet to a limited extent it is prescribed internally in doses of a fraction of a grain for dysentery, epilepsy, chorea and kindred complaints.

The first homœopathic proving of silver nitrate was made by Hahnemann, who used the 15th dilution, obtaining, however, but few symptoms. The provings of Dr. J. C. Müller and companions, of Vienna, is the best record up to the present time, and they are incorporated in this work. The homœopathic tincture and its dilutions are used preferably; triturations are considered unreliable on account of the action of *argentum nitricum* upon organic matter, which would render the preparations impure.

Bibliography.—British Encyclopædia, Appleton's Encyclop., Phillips's Mat. Med. and Therapeutics, Hughes's Pharmacodynamics, Encyclop. of Drug Pathogenesis, Boericke & Tafel's American Homœopath. Pharmacop.

REMARKS ON PROVINGS.

The twelve proving records of *argentum nitricum* found in the *Cyclopædia of Drug Pathogenesis* are used in this symptomatology.

The first group includes provings by Dr. J. C. Müller and four

persons who conducted their provings under his care. One of these persons was a woman aged thirty years, one was a boy of seven years, while the ages of the others, who were men, were twenty-two and thirty-two years. They employed the 1st, 2d and 6th decimal triturations, in water.

Another group consists of four men, Dr. Lembke and three others, who are also presumably physicians. All of these used the crystals of nitrate of silver dissolved in water.

Dr. E. P. Brewer furnishes the records of an involuntary proving in the case of a young man aged twenty-one, who took one grain of silver nitrate twice daily for three days.

Lastly, Dr. J. H. Clarke furnishes a proving on himself, using the 6th centesimal dilution; and also a proving on a young man of eighteen years, who used the 3d dilution.

In addition, the records of four cases of poisoning have been utilized, including two young men, a woman of fifty-eight years and a child of fifteen months. In the case of one of these men, only a few symptoms relating to the skin are available.

TOXICOLOGY.

As a poison, the effects of nitrate of silver are prompt and fatal, and several cases of poisoning have occurred, chiefly among children, due to the frequent presence of lunar caustic in the house, resembling, as it does, small sticks of candy. When taken in poisonous doses vomiting ensues, with a dry, burning sensation in the mouth and throat, soon followed by epigastric pains. The influence of the poison then passes to the nervous system, as shown by a succession of convulsions, which are sometimes limited to one set of muscles, dilated and insensitive pupils, insensibility of the skin, and loss of consciousness. The condition of the patient may now seem to improve, and he may even fall asleep, only to be soon rudely awakened by the onset of a similar series of symptoms—death hovering near. Were it not for the fact that the best antidote—common salt—is always so near at hand doubtless more deaths from this agent would occur.

GENERAL SPHERE OF ACTION.

Argentum nitricum appears to expend its force primarily upon the mucous membrane of the eyes, mouth and upper air-passages, the bowels and the urethra, causing congestion and inflammation of these tracts, accompanied by all the phenomena that usually attend such conditions of the mucous membranes in these localities.

A careful study of the symptomatology, as well as the effects of silver nitrate as a poison, however, leads to the belief that its influence over the nervous system is decided. Aside from other symptoms, this is pointed to by the unusual prostration felt at least by half of the provers, often accompanying other symptoms in different parts of the body. This seems to be caused by the effect of the drug on the nervous centres, and in this respect differs from the adynamia of arsenicum, which apparently arises from molecular destruction of tissue.

SYMPTOMATOLOGY.

(Provers, 16: Men, 12; women, 2; children, 2.)

Generalities.

Convulsive movements.³

Tremulous weakness;³ in the daytime.²

Weariness;³ debility;³ general prostration.³

Mind.

The operations of the mind are sluggish, so that continued thought requires special effort; mental effort is irksome, and there is a disposition for the mind to wander.³

Tendency to sit and brood.³

Head.

Confused feeling in the head;⁴ painful;³ felt on awakening.³

Giddiness.⁴

Headache;⁶ very severe;³ distressing and dull;³ tearing pain; sensation of drawing with pressure;² the head feels heavy and full, especially in the forehead;³ located in the forehead;⁵ also on the side of the head;² headache felt on awakening;³ increased by motion.³

The scalp itches.²

Eyes.

Lids are stuck together by mucus.³

The conjunctiva is inflamed and very red.³

After using the eyes they pain and smart;⁴ burning sensation.³

Pricking sensation in the eyes.³

Lachrymation.³

Ears.

Shooting pain in the right ear.²

Ringing in the ears.³

Nose.

Severe itching in the nose ;² sneezing ;² increase of mucus.²

Face.

Severe pains in the face :⁶ shooting²—in the cheek ;² pain in the left infra-orbital region.²

Mouth.

Inside of the mouth darkened in color ;² corroded in patches.²

The lips are dry or parched.²

The teeth are inclined to ache :² molars.²

Coating on the tongue :⁶ white ;² yellow at the base.²

The tongue is dry ;² the tip red and painful²—burns.²

The papillæ are erect or enlarged ;⁴ on the side of the tongue.²

The tongue smarts.²

Increase of saliva.⁴

Variations in the sense of taste.^{5*}

Throat.

The fauces feel parched ;² sore.²

Dry feeling in the pharynx ;² soreness.²

The presence of mucus causes much hawking and spitting.²

Tickling or pricking in the throat causes a flow of water from the eyes ;² causes coughing at times.²

A feeling on swallowing as if a splinter had lodged in the throat.²

Stomach.

Great hunger ;² appetite diminished.²

Thirst.²

Eructations :² frequent,² violent.²

Nausea :⁴ with a feeling of faintness.²

Pains in the stomach ;² feeling of oppression.⁶

Abdomen.

Pains in or near the liver ;⁶ tenderness.²

Pains in or near the spleen.²

Uneasiness in the abdomen ;² tenderness ;² pains ;² (colic).²

Flatulence, with rumbling.⁴

* Expressed as follows: Food tastes like straw ; flat taste in the mouth after rising ; peculiar metallic taste in the mouth ; bitterish taste, or like soap and water ; peculiar bitter taste.

Stool.

Diarrhœa :^o watery,² soft,³ papescent,³ slimy,³ mucous and foetid, greenish and mucous,³ copious;³ occurring at night⁴—midnight to sunrise;³ during the daytime;³ stools painless,³ preceded by colic,³ passed with a quantity of noisy flatus,³ with rumbling in the bowels.⁴

Urinary Organs.

The urethra feels hot,² sore,³ swollen.³

Stabbing or shooting pains in urethra.³

Frequent micturition :^o strong urging,³ burning during and after micturition.³

The quantity of urine is increased :³ pale in color.³

Respiratory Organs.

Cough :³ short,² dry,³ violent,³ induced by tickling in the larynx.³

Much mucus in the trachea and pharynx.³

Chest.

A feeling of oppression of the chest : causing sighing.³

Pain in left side of the chest.³

Heart.

Oppression in region of the heart.³

Palpitation.^o

Back.

Tired and weak sensation in the back ;³ heaviness and drawing in lumbar region.³

Pains in the back :^o in the region of the scapula,³ in the lumbar region,³ about the sacrum.⁴

Limbs.

Tremor of the limbs ;³ they feel weary and debilitated^o (as after a long journey).³

Pains felt in the shoulders, increased by movement ;³ pains in the axilla ;³ elbow ;³ wrist ;³ fingers³—shooting.³

Severe, tearing pains in the legs.³

Sleep.

Drowsy during the day :⁴ towards evening.³

Restless sleep :¹ with tossing about ;³ with vivid dreams.^o

Skin.

Itching blotches, irregular in shape.²

Yellow vesicles on a red base :² with burning.²

Slate-colored or brownish appearance of the skin.

Itching in the scalp.²

Chill ; Fever ; Sweat.

Chilly sensations :² at night, with sweating.²

Sensations of heat.²

Sweating during the night, without chilliness.²

THERAPEUTIC APPLICATION.

The general characteristics of *argentum nitricum*, or those peculiarities of the action of the drug which were brought out in so large a proportion of the provers as to be considered characteristic of such action, are (1) a tendency to affect the mucous membranes, and (2) great general prostration, with weakness and weariness of the limbs, described as being such a feeling as results from having taken a long journey.

Diseases of the Nervous System.—Assistance should be expected from *argentum nitricum* in *nervous affections*, especially when arising in the brain or spinal cord, as, for instance, *nervous prostration*, *chorea* and *epilepsy*. In such cases as it is likely to prove useful, there exists a sluggish action of the mind, so that continued thought requires special effort, which is irksome, and the mind is disposed to wander from the subject.

There is also a painful confusion of the head, with heaviness, felt especially in the forehead ; vertigo ; dilatation and slow response of the pupil ; loss of sensibility of the skin ; tremor of the limbs ; local or general spasm and loss of control over consciousness. It will be noticed, also, that the patient feels weak and weary, as if having exercised too much, while really very little had been attempted. While there is tremor of the limbs, together with weakness, it should be remarked that inco-ordination of muscles does not appear in the symptomatology except in the cases in which convulsions were produced. The diseases most likely to be influenced by *argentum nitricum* are those in which the nervous system is weakened and attended by general loss of tone.

In *neuralgia*, this remedy relieves when the pain shoots along the nerves wherever located ; but the most severe pain is felt in the head.

The *headache* is usually most severe in the forehead, but is also felt in the temporal region. The pain does not appear to be sharp, but rather a distressing, heavy or full feeling, with a sensation of pressure. This distress is most severe on awaking in the morning, and is increased by motion. Connected often with these symptoms is a confused sensation in the head, with giddiness. From the marked general debility experienced by the provers, it seems fair to infer that *argentum nitricum* would give relief in *brainfag* and the headaches of professional and business men.

Diseases of the Eye.—The eye symptoms were very distinct in the provers who were affected in this organ, showing the undoubted presence of *inflammation of the conjunctiva*. Pricking in the eyes, with smarting and lachrymation, were symptoms early noted. After using the eyes they become sensitive to light, with renewed smarting and burning. The conjunctiva is much injected and pours out mucus, which seals the lids. These symptoms suggest the use of *argentum nitricum* in *conjunctivitis*, especially when it assumes a purulent form.

Diseases of the Alimentary Canal.—Nausea and pains in the abdomen, with tenderness, attended by great debility, are symptoms which accompany many diseases of this tract, and they are also symptoms of *argentum nitricum*. The tongue is dry and coated white, yellow at the base and red at the tip, which is painful and smarts. The papillæ along the sides of the tongue are erect and enlarged. The flow of saliva is increased and taste is impaired, while thirst is marked. But the most important symptom is the *diarrhœa*.

The stools are soft, somewhat watery, light or greenish in color, mixed with mucus or slimy matter, rather copious and have a fœtid odor. They are painless or preceded by slight colic, and are more frequent during the night, especially during the period from midnight to sunrise. Flatulence is a decided feature; there is rumbling in the bowels, and the stools pass with a quantity of noisy flatus.

Bearing these symptoms of *diarrhœa* in mind, and also the general prostration before mentioned, and adding to these, restlessness, thirst, loss of appetite, nausea and tenderness of the abdomen, there is presented a picture of *cholera infantum*, which is familiar to all, and which has often been relieved by *argentum nitricum*.

It is often the case that an infant, especially when fed artificially, will have attacks of *diarrhœa* during the summer from which it seems never to fully recover, but grows better or worse, until it drifts into *hydrocephaloid*. These cases may be benefited by *argentum*

nitricum and restored to health, provided the surrounding circumstances are favorable.

Diseases of the Urinary Tract.—Occasionally it happens that a strong injection thrown into the urethra for *gonorrhœa*, reaches the bladder and sets up an inflammation, more or less severe, of the urethra and bladder. When such a condition results from this cause or any other, and the urethra feels hot, sore and swollen, with stabbing or shooting pains, *argentum nitricum* may be of use, especially with urgent and frequent urination, with burning in the urethra during and after the passage, while the amount of urine discharged is increased.

ON RECENT ADVANCES IN CARDIAC THERAPEUTICS.

BY E. M. HALE, M.D., CHICAGO.

Apocynum Cannabinum.

SOME experiments on animals have recently been made to ascertain the physiological action of *apocynum*, by Dr. J. Rose Bradford, who has most kindly allowed me to quote some of the results he has obtained therefrom. In two of these experiments he used a tincture of the root, one in ten of proof spirit, which preparation was also used in the treatment of the cases quoted.

Dr. Bradford finds that the principal action of *apocynum* is on the heart. By it the heart of a dog is slowed down to a very remarkable degree, for, when it is well under the influence of the drug, it beats as slowly as two beats to each respiration, or even three beats to every two respirations. This is a much more powerful effect than can be produced experimentally with *digitalis*; for before this amount of slowing is reached by the latter drug the *vagus* becomes paralyzed, and the heart beats more rapidly and irregularly.

Apocynum strengthens the heart's beat and increases the tonus, so that it stops the frog's heart in systole. It generally stops the mammalian heart in diastole, but a sudden massive dose may stop the mammalian heart in systole. It may further be noticed here that clinically we find that it regulates the action of an irregular heart.

From this it is evident that the action of *apocynum* on the heart is similar to that of *digitalis*, *strophanthus*, *adonidin*, *caffein* and

sparteine, only its power of slowing the heart seems to be greater than in the other members of this group. Its action on the arteries, as shown by changes in the blood-pressure, differs from that of digitalis, for Dr. Bradford finds that apocynum causes no definite rise of blood-pressure, indicating that it does not cause contraction of the arteries.

Having thus briefly described the physiological action of apocynum, as shown by experiment, it will be well to consider theoretically the kind of case in which it may be expected to do good, and then to give such practical illustrations from some cases which were treated with it in University College Hospital. These cases, as well as those already mentioned, were all under the care of Dr. Ringer, who has most kindly allowed me to make use of them for this paper.

We will consider first its action on the heart alone. From the similarity of its action to that of digitalis, we expected that it would be useful in cases of mitral disease.

Dr. George R. Murray, of London, England, reports a case of *mitral regurgitation* with dropsy, in which he gave the tincture of apocynum cannabinum, 5 drops every four hours, for six days; then 10 drops, every four hours, for ten days. During that time the urine increased from 16 ounces per day to 179 ounces in six days.

On the heart it slowed its action from 126 to 102 during the first twenty-four hours, and afterwards kept it down to an average of 85. It showed its *regulating* action on the heart by the rapid diminution of the irregularity. It improved the strength of the heart's beat, as shown by the increased size and strength of the pulse. Its effect in improving the circulation, on the whole, was shown by the removal of the cyanosis, and the rapid running off of the dropsical fluid by the kidneys. It is worthy of note that the diuresis began as soon as the improvement in the circulation became evident by the slowing and regulating of the pulse.

In a case of *mitral constriction*, which had been unsuccessfully treated with digitalis and strophanthus, there was shortness of breath, cyanosis, clubbed finger ends, and enlarged liver, with occasional jaundice. Auscultation gave a long, loud presystolic murmur. The patient had a hard cough, with difficult expectoration of glairy mucus. The pulse was regular, but varied from 100 to 120. She was put on 10-drop doses of tincture of apocynum cannabinum, three times a day. Here the drug showed the same prompt action in slowing and strengthening the action of the heart.

In cases of *aortic obstruction*, or regurgitation, Dr. Murray predicts that this medicine will be of little service.

There is one effect of *apocynum cannabinum* in cardiac dropsy which is of great value, and reminds us of *elaterium*. I allude to its hydrogogue action. I have observed that when given in 10 to 20-drop doses, it often causes profuse and painless watery discharges from the bowels before it begins to act on the kidneys, and even before it shows its characteristic effect on the heart. These watery discharges give great relief to a dropsical patient. I consider it an equal of *elaterium* in cases of dropsy.

We have another *apocynum*—*apocynum androsaemifolium*, which, according to some eclectic authors, has a similar action to the *cannabinum* in dropsy. I have not used it in such cases, but the testimony is apparently trustworthy.

If we could use the active principles of *apocynum*, its administration in that form would be a great advantage. They are (1) a resinoid *apocynin*, and (2) a glucoside *apocynin*. Schmedeburg says they are "identical and similar in their properties to digitalin." Merck says they are "not identical," but whether he means in chemical or therapeutic properties he does not say, probably the former. The resinoid is in two forms—crystallized and amorphous. It is not likely that they will come into use unless they are very potent, for the cost is \$5 for 15 grains.

Dr. Murray is quite enthusiastic in his estimate of this, to him, new remedy in cardiac dropsy. In this country its use is not new, but what is new to the majority of physicians here is, that it so closely resembles *digitalis*. It has also some close affinities for *adonis* and *convallaria*.

Dr. Murray observes, relating to its effects: "As to the action on the kidney, we have seen that, in our experience, *apocynum* is useless as a diuretic in case of dropsy due to Bright's disease.

"The case of mitral regurgitation, given at length above, was a good illustration of its powerful action as a diuretic in cardiac dropsy. Now, we know that *digitalis* acts as a diuretic mainly by improving the circulation and removing the causes which lead to the accumulation of dropsy, for it does not cause much diuresis when there is no dropsy.

"We may consider, then, that *apocynum* acts chiefly in a similar way through the heart, and not as a local renal diuretic. This view is strongly supported by the evidence that its chief use as a diuretic is in cardiac dropsy; and, further, that the diuresis ceases as soon as the dropsy has all been run off, as in the case related above.

"In the above description of the therapeutical action of *apocynum*

num, I have not described all the cases in which it was given. The total number of cases was small, and I am fully aware that experience derived from only a few cases does not go for much in estimating the true value of a new drug. I have, therefore, only related such cases as appeared most directly to illustrate the positive action of the medicine.

"The history of most valuable medicines shows us that it often takes years for a new drug to find its own level as a therapeutical agent. A proper estimate of its true value can only be found by the analysis of a number of carefully reported cases of varying types, and occurring under varying conditions. At present we cannot say what the true therapeutical value of apocynum may be, but I think that the above cases show that in it we have, at any rate, a powerful cardiac remedy. Whether it will, in the long run, prove superior to other members of the same group of medicines or not, I am not, as yet, in a position to foretell."

The Cacti.

. When the great family of cacti are more fully investigated, I predict that we shall find them all, or nearly all, to be powerful cardiac medicaments. But I am not sure that they will be allies of digitalis. They seem, so far as investigated, more closely allied to spigelia or cimicifuga. One species, *anaholinum*, seems to be closely allied to strychnia, and they all tend to cause anomalous and unrhythmical spasms of the heart.

Coronillin.

This is a glucoside recently discovered in *coronilla scorpioides*, a species of the papilionacea. It is a heart poison, but has only been partially tested in therapeutics. Its action is transient, not lasting over twenty-four hours.

Mutisia Viciaefolia.

This plant is a native of the Andes, and, according to Dr. Saac, its active principle is attributable to a bitter substance contained in the seeds. The Indians employ it in cardiac affections, epilepsy and many other diseases, while Pereira is said to have obtained good results from it in hysteria. From the investigations of Dr. H. Rusby, it appears that this drug acts favorably in affections of the respiratory passages, but especially in the disturbance of cardiac action, which is so often consequent upon ascent of high altitudes. In these localities coca is employed as a prophylactic and stimulant, while mutisia

is used whenever there is any feebleness of the heart. Thirty-six different species of *mutisia* have been discovered.

It would seem to possess powers similar to *qubracho*, but with a greater affinity for the heart.

General Heart Tonics.

Never before have this class of remedies received the attention they now receive. At a late meeting of the British Medical Association, this subject was one of the chief topics of discussion.

This most important question was taken up at several sittings. Dr. Bucquoy, on exposing the state of the question, said: "The object of the therapist in heart diseases is less to contend against existing lesions than to stimulate the organ's action when necessary, especially with a weakened or tired heart, unable to perform its functions. It is in such conditions that heart tonics are indicated. For a long time *digitalis* has been almost exclusively employed, and justly considered as the perfect type of heart tonic; and we all know what wonderful results often follow medication with *digitalis*."

"Within the past ten years the list of cardiac medicaments has much increased, but their value and indications differ, thus imparting much interest to the question on the programme. The following are the new agents coming after *digitalis*, which still holds the foremost position: *caffeine*, *convallaria majalis*, *adonis vernalis*, *spartium scoparium*, *strophanthus hispidus* and *strophanthus kombe*, and *scilla*, next to which we may place *antiaris toxifera*, *helleborus niger*, *erythrocolum*, *guineuse* and *nerium oleander*. Besides, most of the drugs contain one or more alkaloids or glucosides, to some extent presenting the same properties. It is most likely their modes of action are very varied, but on this point much uncertainty still prevails. In one respect all the drugs are alike, namely: besides being all of vegetable origin, they are violent poisons, and thus attracted the attention of therapists. Their toxic effects differ, and need further investigations; but their physiological actions in medicinal doses are better understood. They stimulate cardiac contractions, regulate the pulse, and, as a rule, produce copious diuresis. At the same time, it must be confessed, the differentiation of the various heart tonics and their indications still remain incomplete. So far we know, for instance, that *digitalis* is most reliable, but it is often hardly tolerated, will cause gastric troubles, and is apt to accumulate in the economy. The *convallaria* and

strophanthus, on the other hand, are less trusty, but are better tolerated, and will not accumulate.

"The scoparius is best for regulating the heart-beats, and strophanthus for allaying dyspnœa and angina pectoris. But all this is very vague, and the data are often contradictory, a statement applying with double force to the active principles extracted from the plants. Amidst the conflict of opinions one clear fact stands undeniable; that is, digitalin and strophanthin no more represent digitalis and strophanthus than morphine does opium, or quinine cinchona. As to therapeutic indications, when we leave the domain of generalities and try to establish specific values, in my opinion the whole chapter is to be re-written, as both physiological experiments and clinical observations have, as yet, been insufficient."

General discussion now being open, Dr. Masius (Luigi) said his experience is that digitalis is by far the best heart tonic, and the powdered leaves the best preparation of digitalis. The maceration and infusion recently recommended are inferior, and he but seldom observed the irritating action complained of by some.

Dr. Dujardin-Beumetz, while on most points agreeing with his Belgian confrère, preferred a cold maceration of the leaves as an excellent diuretic and heart tonic. We find here the powder to be irritating and illy tolerated.

But Dr. Masius, supported by several members, maintained the superiority of the powder, as better representing all the properties of the drug, while some of its active principles may be absent from the other preparations. On the whole, this slight divergence aside, the general opinion was that digitalis is preferable to strophanthus.

Dr. Bucquoy next read an elaborate paper on the strophantic pulse, illustrated with a series of diagrams. As the memoir is to be published in full, with the sphygmographic illustrations necessary for its comprehension, suffice it to say that he concluded the effects of strophanthus to be a slackening and regulating of the pulse, which takes an "aortic character." It controls asystoly through its tendency to equalize, in favor of arterial pressure, the excess of venous tension. Strophanthus is assuredly a heart tonic, possesses lasting diuretic properties, and can be tolerated for a long time. The characteristic feature of the "strophanthus pulse" is the exaggerated amplitude of the pulsations, which give it the same appearance as with "aortic insufficiency."

Dr. Fereol (Paris), and with him Dr. Semmola, having praised digitalin, the first meaning Nati-Velle's crystallized digitalin, and

the second Homolle's amorphous. At once several members rose up in arms, Dr. Stockwiss deprecating the use of violent poisons so imperfectly known, and Dr. Dujardin-Beumetz declaring himself an uncompromising opponent of digitalins or digitoxins of all sorts, until their real nature is exactly known. An exception might be made in favor of the crystallized variety, as offering at least some guarantee of uniformity, but it is exceedingly poisonous. As to the amorphous varieties, and there are many, some are but little better than patent medicines, and a prudent physician should avoid them all—a conclusion which Dr. Crocq (Brussels) supported.

Dr. Constantine Paul: "Much has here been said about heart tonics, but are there really such medicaments as tonics of the heart? I confess, after hearing all that has been said, I fail to be convinced. A tonic is a medicine strengthening a certain organ, but not temporarily only; its effects should be lasting. Quinine, for instance, is a model tonic in intermittent fever. With digitalis, strophanthus and spartiene the case is different; and so it is with caffeine, which, by the way, is not identical with theine, but an isomer. They act on the heart-beats, but give no strength to the organ. A fatigued heart may be likened to an old steam-engine, still able to give useful work under careful management. When the engine slackens an experienced engineer will see to the flues, clean and oil all around, and the old machine will go on for a good while. But have a youngster in charge, and he will force the fire and burst the boiler. In the same manner, on giving strophanthus, you cleanse the economy by copious diuresis and relieve the pressure. Even a simple puncture with the thermo-cautery often greatly favors the action of cardiac medicines. But giving caffeine under such circumstances is like adding more coal under an overworked boiler.

"One of the best heart medicines is the convallaria majalis, because, after producing cardiac regularity, it will keep it up for a long time. But the active principle, convallarin, is useless, and so is the alcoholic extract. The best preparation is a watery extract of the root."

Dr. Stockwiss said he could not agree with the conclusion that there are no heart tonics. But to speak only of practical results, his clinical and physiological experiments convinced him that digitalis is a true heart tonic.

Dr. Fereol, while thinking it would not be very difficult to force Dr. C. Paul to admit the existence of heart tonics, agreed to a great extent with his praise of convallaria, no medicament be-

ing tolerated so long. To keep it up for years, according to his experience, all that is necessary is to exhibit it for fifteen days, and then stop fifteen days, to take it up again indefinitely, with constant and reliable effects.

It appears to me that notwithstanding the rapid advance of our knowledge of cardiac medicaments, we do not yet appreciate how valuable they may become in the treatment of nearly all diseases. If we support the failing power of the heart when lowered by disease, we are more likely to conduct the malady to a favorable termination. We know that neither food, alcoholic stimulants nor infinitesimal doses will always do it. We shall find, I predict, that we shall gain immensely by a resort to the physiological effects of cardiac tonics when we know how to apply them properly.

ON THE PROVINGS OF NATRUM MURIATICUM.

BY RICHARD HUGHES, M.D., BRIGHTON, ENG.

(Read before the Homœopathic Medical Society of the State of Pennsylvania, September 18th, 1889.)

THE pathogenesis of *natrum muriaticum* presents several features of interest.

1. There is the initial difficulty of its having any pathogenesis at all, being a substance in daily use with food, and in larger doses a safe and simple emetic. Of course all will admit that excessive quantities may irritate the stomach by their local influence, of which the emesis was the earliest expression; but it is more remote and more constitutional effects which form the bulk of the homœopathic pathogenesis of the drug. Writers of the school of Hahnemann generally try to solve the problem by saying, that salt in its crude state is indeed inert save for topical action; but that when triturated and diluted according to their manner it develops dynamic properties, which give it an altogether fresh range of influence. Without questioning this fact, I do not think that the evidence points to such "dynamization" as *necessary* to liberate the potency of the drug. As regards therapeutics, take the case of intermittent fever. The reputation of *natrum muriaticum* in this malady, when the symptoms indicate it, is great; and it is most lauded by those who employ the higher dilu-

tions. But observe that among French physicians it was long ago a favorite remedy here; and yet they used substantial doses. It is hardly safe, therefore, to say with my friend Dr. Hawkes, of Chicago, when a student told him that he had been taking natrum muriaticum 6 for an intermittent without success, that "he might as well have taken a pinch from a salt barrel." Perhaps if he *had* done so, he might have had as good results as those reported by Piorry and Willemin. Dr. Hawkes was, moreover, peculiarly unfortunate in naming the 6th dilution as so insufficiently dynamized as to be inert. Almost simultaneously with the printing of his remarks* there appeared on this side of the water Dr. Burnett's excellent little treatise on the drug,† which consists mainly of a series of cases cured or greatly benefited by this very attenuation.

Nor does experiment on the healthy point in the other direction, though it is generally supposed to do so. In Part X. of the *Cyclopædia of Drug Pathogenesis* we have, for the first time, a rendering into our language of the splendid Austrian re-proving of natrum muriaticum. No pains were spared to test the drug in every form, from the 30th dilution down to the crude substance. But read the provings (I send "revise" sheets of them round, lest the *Cyclopædia* should not be accessible at the meeting). The general account to be given of them is, that under the higher potencies there was little genuine disturbance of the health; that the activity of the drug developed as the provers went lower, and showed itself greatest when the first triturations and small dose of the crude substance were being taken. There are exceptions, of course, to this statement; but I think you will find that they are exceptions, and that what I have said is the rule. You will also see, appended to the proving, eight cases of poisoning by salt-eating; and here, of course, it was the raw material that produced the effect.

2. It may be asked, what bearing on the question has the pathogenesis of natrum muriaticum in the *Chronic Diseases*? Here are 1549 symptoms of the drug; how were they obtained? Hahnemann gives us no information in the second edition of the work, which is that mainly used. But in the first edition he tells us that the symptoms credited to the three fellow-observers he acknowledges—Rummel, Röhl, and Schreter—were produced on healthy persons taking globules saturated with the 30th dilution. An opportunity has recently been afforded us of seeing how such proving was done. In the current

* *American Homœopathist*, September, 1878, p. 95.

† *Natrum Muriaticum; as Test of the Doctrine of Drug-Dynamisation*, London, 1878.

number of the *Monthly Homœopathic Review* you will find Schreter's experiments in day-book form. He took ten globules (of the 30th) every third day, and noted all the changes in his mind and body which occurred after ingestion. Anything more trivial, anything less like the state of health which results from the continued influence of a drug, I never read. I am inclined to endorse the criticism quoted in the editor's comments; "Does not one-half of the above symptoms bear the unmistakable stamp of self-deception, and is the other not manifestly the result of accident?" To elench the matter, we have a second proving instituted by Schreter on a young woman in a very similar manner, and presumably furnished to Hahnemann with his own, but which the latter did not see fit to make use of. It is even worse than his own. When we pass from such records to those of the Austrian provings, we come into not only a more thickly peopled, but another world.

Hahnemann's own contributions to the pathogeneses of the *Chronic Diseases* were, as I have elsewhere shown,* the supposed "too violent effects" of the lower triturations and dilutions of the antipsorics on the patients to whom he gave them, *quantum valeant*, while they make in favor of some attenuation as increasing the activity of the drug, they lend no support to carrying this very far.

3. But, it will further be said, What of Watzke's own testimony, so often (since Dunham brought it forward) cited in favor of the superior value of infinitesimals? He writes (*Ost. Deutschr.*, iv., 250): "I am, alas! (I say, 'alas!' for I would much rather have upheld the larger doses, which accord with current views) compelled to declare myself for the higher dilutions. The physiological experiments made with *natr. mur.*, as well as the great majority of the clinical results obtained therewith, speak decisively and distinctly for these preparations." It may be a question as to what he means by the "higher" dilutions. Nowadays, we think of the 30th and upwards when we thus speak, but it was not so in 1848. Waiving this point, however, all he asserts is that these attenuations have, "in the soberest provers, developed unmistakable characteristic symptoms" of the drug: he makes no comparison between their effects and those of lower potencies. And he goes on to acknowledge that the wonders wrought by them therapeutically find ample parallel among the cures effected by saline springs, where substantial doses are brought into play.

* *Pharmacodynamics*, 4th ed., p. 33.

The result of what has now been said is that the pathogenesis of *natrum muriaticum*, while it supports the positive efficacy of infinitesimals, gives no countenance to the practice of diluting ever farther and farther, until we reach the thin realms of nothingness—"pinnacled" (as Shelley writes)—

"Pinnacled dim in the intense inane."

HABITUAL MOUTH BREATHING.

BY HORACE F. IVINS M.D., PHILADELPHIA, PA.

(Read before the Homœopathic Medical Society of the State of Pennsylvania, September 18th, 1889.)

It is the object of this paper to call attention to one method of relieving those who suffer from habitual mouth breathing; when not the direct result of nasal or pharyngeal obstruction, but due to the projection of the upper teeth and shortness, real or apparent, of the upper lip. This is a cause too often overlooked, or, if noted, thought incurable. Its correction may lead to speedy and complete relief, but no amount of nasal or pharyngeal treatment will remedy it. In this class of cases the objects of treatment are the teeth and lips. Experience leads to the probability that the former are the real cause of the defect, even when the latter seems too short; on account of the projection of the teeth the mouth cannot be closed without great effort and constant watchfulness. If the teeth can be made less prominent, it is possible that the lip will be found sufficiently long to enable the mouth to close, and thus give relief to the nose, throat and lungs; in fact to the whole condition of the individual.

Obviously the lip cannot be easily or practically lengthened; it therefore becomes necessary to do something to affect its apparent length. If the teeth project it is not often advisable to extract those useful organs, but where they are not too close together relief may often be obtained by a process capable of exerting its wholesome influences at once. Thus it may add comfort to the sufferer while it gradually removes the deformity with which he may have been afflicted for years, and transform him both in appearance and in health.

The method of relief is not a new one, but it has not, it seems to

me, received the attention that its importance demands. It consists of a plate to be worn between the lips and teeth, in such a manner as to prevent the passage of much air through the mouth. The plate may be made of metal, hard wood or rubber, celluloid or zylonite. The objections to metal are weight, cost and danger of absorption of poisonous particles. The coming age of aluminum, however, may remove these disadvantages. Wood is difficult to carve and liable to break from a fall. Hard rubber has many advantages over the preceding, but is less agreeable and more brittle than celluloid or zylonite.

In my experience, the best form of plate is one made of celluloid, and known as an "Inhibitor." The plate is nearly a semi-circle, from three to three and one-half inches long, and from three-fourths to one and one-eighth inches broad. These dimensions differ according to the requirements of the individual case. The concave or inner surface of the inhibitor is smooth, but from its anterior, convex surface, below the median line, project two prongs for ease of introduction and removal; they are about three-eighths of an inch long, and nearly one and one-half inches apart. It is therefore of such form and size that it will not pass into the throat without special effort.



Its mode of application is very simple: The two points are taken between the thumb and finger, the mouth is slightly opened, that the plate may be passed beyond the lips, when the teeth are closed to prevent the plate from passing between them. The two prongs are to project between the closed lips, near the corners of the mouth, care being taken lest they press against the cheeks, and thus cause annoyance and pain.

The plate in position, the patient can breathe freely through the nose, should that organ be fairly free, otherwise treatment must be directed to the correction of its defects before use of the plate. The latter is always to be worn at night, and at times through the day when the patient is not engaged in conversation. He may experience some slight difficulty in becoming accustomed to the use of the plate, but if properly fitted this will not be of any consequence. If its presence cause difficult breathing it should be removed for a few minutes. In addition to the plate it may very occasionally be of use to place a piece of plaster over the lips, in such a way as to hold them together.

In more than one instance I have seen this method of treatment followed by gradual recession of the upper teeth ; apparent lengthening of the upper lip ; changed expression ; regained elasticity of the relaxed alæ nasi ; brightening of the clouded intellect ; improved respiration ; subsidence of snoring, and an improvement of the general health.

This may seem to some an overdrawn picture, but experience has been my guide in a number of cases, and if others will give this method on impartial trial in the class of cases noted, they also may obtain favorable results.

THE VALUE AND SIGNIFICANCE OF A "RED LINE ALONG THE GUMS" AS A DIAGNOSTIC SIGN OF PHTHISIS PULMONALIS.

BY EDWARD R. SNADER, M.D., PHILADELPHIA.

(Read before the Homœopathic Medical Society of the State of Pennsylvania, September 17th, 1889.)

THE medical journals of a year ago contained numerous items announcing that a red line along the gums was significant of phthisis pulmonalis. One celebrated European lung specialist was quoted as affirming that the red line had been found in every case of phthisis he had examined within a period of three months. The original statement concerning the red line, buffeted about from journal to journal, quoted and requoted, written and rewritten, condensed and elaborated, apparently assumed a position of signal importance as a new and reliable sign of consumption. The red line, according to some, was a sign developed before the deposition of tubercle ; according to others, the significant line appeared contemporaneously with the lung solidification incident to catarrhal pneumonia or tubercular deposition ; according to still others, the red blush was indicative of advanced structural alteration in the lungs ; and, in the opinion of a few observers, the new sign was entitled to be considered pathognomonic of phthisis pulmonalis, pneumonic or bacillary. The red line was mentioned among the signs and symptoms of phthisis summarized by teachers for the benefit of students. It was even asserted that the intensity and extent of the line on the gums were an exact measure of the amount and gravity of the lung lesion. The diagnostic sign began now to assume prognostic significance. Thus, the original account of an observer as to the presence

of a red line along the gums of phthisical patients, by the gradual accretion of the individual opinion of writers, and by the incorrect deductions drawn from single or meagre observations, assumed a new phase, and it almost appeared that the red line was an absolutely proven diagnostic sign, accepted and unquestioned.

Personally, I was unable to explain to my own mind the *rationale* of the production of a red line along the gums from the presence of a tubercular or catarrhal solidification in the lungs. I could not understand why the gums should, exceptionally or frequently, betray the presence of lung lesions. While practically, as an everyday diagnostician, it would not have caused me much mental distress had I not been able to understand how and why the red line had been produced, had the new sign been established upon an empirically-proven basis, I could not, without investigation, accept as an absolutely proven fact the existence of a red line along the gums in cases of phthisis. In other words, an absolutely established diagnostic fact would have been of service to me in diagnosing, whether I understood or not how the sign had been produced. I did not believe the line had special significance, as a diagnostic sign, and, therefore, with a healthy skepticism, began a series of examinations of gum, in order to establish the exact value and significance of the red line.

An examination of my records in the Heart and Lung Departments of the Hahnemann Medical College Dispensary and Children's Homœopathic Dispensary, shows that the red line along the gums was found in the following cases :

CASES.

	Number.
Pthisis pulmonalis,	124
(11 cases in the cavernous stage; 5 fibroid, 3 syphilitic, 3 latent, and the remainder of the tubercular or catarrhal pneumonic variety.)	
Phthisis and pleural effusion combined,	1
Phthisis and associated vicarious menstruation,	2
Phthisis and leucocythæmia,	1
Phthisis and associated organic heart disease,	10
Pleurisy (chronic),	3
Emphysema,	1
Asthma,	11
Asthma, with a syphilitic œdema of sternum,	1
Rose cold, with associated asthma,	1
Bronchitis (acute and chronic),	79
Capillary bronchitis,	3
Rhinitis,	3
Naso-pharyngeal catarrh,	2

Pharyngitis,	7
Laryngitis,	11
Tonsillitis,	5
Functional heart disorder,	16
<i>Organic Heart Disease</i> —Mitral regurgitation,	15
Aortic stenosis,	2
Pulmonary stenosis,	1
Mitral stenosis and regurgitation,	2
Mitral and tricuspid regurgitation,	1
Aortic stenosis and mitral regurgitation,	2
Atheromatous degeneration,	1
Dilatation of right ventricle,	2
Hypertrophy of left ventricle,	1
Myalgia affecting the chest walls,	11
Intercostal neuralgia,	15
Pleurodynia,	1
Omodynia,	1
Gastric ulcer,	1
Indigestion,	2
Dyspepsia,	10
Lithiasis,	3
Rheumatoid arthritis,	1
Cirrhosis of the liver,	1
Fatty liver,	1
Syphilomania,	1
Graves' disease,	1
Le Petit mal,	1
Lateral sclerosis,	1
Hemicrania,	1
Anæmia,	
Amenorrhœa,	1
Ovarian irritation,	10
Prostatic irritation,	1
Undiagnosed cases,	14
Total,	397

In two cases the line appeared at a subsequent examination, where its absence had been noted at the time of the first appearance of the patient.

In twenty-two cases in which the symptoms of phthisis were corroborated by physical signs, the *red line was not present*. The line was certainly absent in a much larger proportion of phthysical cases, but it was not until late in the investigation that the negative fact of the absence of the line was noted in the records. To be perfectly fair in the consideration of the subject, I present the figures only of those cases in which the absence of the red line has been made a subject of record.

The investigation covers 419 recorded observations, which were made on patients of all ages, ranging from 1½ to 71 years.

The line appeared in all degrees of intensity, from a slight, distinctly outlined pinkish blush to a broad blood-red band. Its seat was by far more frequent along the lower gums, and sometimes both upper and lower gums were marked. Occasionally only one, two or three gums showed the alleged pinkish signal. The worse the care bestowed upon the teeth, the more marked, as a rule, was the line. In one case of phthisis, a purple line was noted, a red-white line appeared in one suffering from myalgia, and a whitish line showed itself in a patient having an irritable heart reflex from dyspepsia and ovarian irritation.

The intensity and the extent of the line bore absolutely no relation to the intensity and extent of the symptoms of which the patients complained, or the signs discovered by physical exploration. This point is not only true of phthisis, but of all the other diseases tabulated.

From a study of these cases I think I am justified in drawing the following conclusions:

That the line, not being present in all cases, is not to be depended on as of constant occurrence in phthisis.

That, considering the fact that the line was present in so many cases of phthisis, the original observer was probably correct in noting its presence.

That the numerous conclusions drawn relative to its value as a sign are not substantiated by further and careful observation.

That the line, being absent in twenty-two cases of phthisis, its non-appearance after the development of phthisis precludes the possibility of the line being a universal or reliable pre-deposition sign.

That the line is not developed contemporaneously with lung solidification, as is shown by the fact that advancing cases betray no equivalent alteration in the gums. If contemporaneous, it should have developed side by side with the progress of the disease of which it was supposedly a sign.

That the line is not evidence of advanced structural alteration in the lungs, because it was as frequently present and equally marked in incipient and in cavernous cases.

That, while the line was observed in 138 cases of phthisis, and in 259 cases in which neither the physical symptoms nor signs of phthisis were present, it follows that the line was observed twice in

non-phthisical to once in phthisical patients, and therefore it is not pathognomonic of phthisis.

That the intensity and extent of the line is not indicative of the intensity of the lung lesion, because the line was frequently slight in cavernous cases and well marked in incipient forms.

That the line is not of prognostic value, because it bears no relation to the intensity or extent of the lesion.

I found the line, then, was neither constantly noted, was not present as a sign in pre-consolidation periods, was not an indication of structural alteration, was not an evidence of the progress of the disease, was not pathognomic, and was of no prognostic importance. My original skepticism as to the value of the red line as a diagnostic sign was strengthened by these considerations. While I felt it was less important to establish the pathology of the red line than to dis-establish it as a diagnostic sign, I have tried to discover its exact significance. The line was so generally noted among the dispensary patients that I believed it due to one of three causes, or all combined: 1. To improper care of the teeth. 2. To an idiosyncrasic tendency to the excessive accumulation of dental *débris*, either in the form of tartar, or the deposit of salts from the saliva. 3. To great general or local connective tissue relaxation and want of tone, permitting the gums to recede from the teeth and a deposition of *débris* to occur. From the fact that I have seen the line in all degrees of development, I believe it forms gradually by the slow accumulation of tartar or other *débris* under the edges of the gums. The *débris*, accumulating constantly, gradually pushes the gums from the teeth, and the gums are cut off from their proper blood-supply, anæmia resulting (the white line noted). Ultimately the accumulated *débris* acts mechanically as an irritant to the gum tissue, and dilatation of the capillaries follows, chronic congestion ensuing, and the red line is produced. I have been able to detect in well-marked cases the grit of the *débris* against a tooth-pick or sharp instrument. The gums are sometimes so much engorged that blood-spitting occasionally occurs. Three cases of hæmoptysis were traceable directly to the condition of the gums. The red-line hæmoptysis was characterized as follows: Blood-spitting, without cough, occurring especially in the morning, after eating, after talking, without nausea, and without any premonition whatever. Sometimes blood was noted by the patients on such fruit as apples and pears, and on bread they were eating. The blood was not warm, but was often well mixed with saliva. I could cause the gums to ooze blood simply by slight pres-

ure with the finger. The most carefully conducted physical exploration failed to reveal the slightest abnormality in the thoracic organs of these patients. There were neither signs nor symptoms of lung disease, other than the blood-spitting. Thermometrical observations were also negative.

Taking into consideration all the facts, I am forced to the conclusion that while the original observer of the red line in phthisical patients was correct in observation, he was incorrect in his deductions therefrom.

The line itself is explicable on other and more reasonable grounds. A simple coincidence was mistaken for an associated condition.

That the line is not a diagnostic sign of phthisis at all, but of a disease of the gums.

That, unfortunately, one cannot diagnose a case of phthisis by an examination of the gums.

That aside from tubercularization, lead poisoning and scurvy, a changed gum line, in the present state of our knowledge, is not diagnostic of phthisis, nor of any other systemic disease.

That as a disease of the gums, the red line may be a local disease from neglect of the teeth, which may find a genuine pre-disposition in general connective-tissue relaxation.

That the red line along the gums, which can probably be found in any disease, gives rise to sufficient debility to cause a loss of general tissue tone, if sustained long enough to allow of a deposition of dental *débris* between the gum edges and the teeth.

That in cases of hæmoptysis, where neither cardiac nor pulmonary lesions are discoverable by physical exploration, the gums should be examined.

That the exact value of the red line along the gums as a diagnostic sign of phthisis is naught.

That the red line is significant of disease of the gums, due to improper care of the teeth, excessive accumulation of tartar, or to general systemic tone-relaxation, of which the red line is simply a local manifestation.

In conclusion, I will say that originally I had no desire to write an iconoclastic paper. A study of the whole group of cases forced me to the conclusion that the red line along the gums was not a sign of phthisis, but of disease of the gums.

THE CLIMATIC TREATMENT OF PHTHISIS.*

BY W. C. GOODNO, M.D., PHILADELPHIA, PA.

(Read before the Homœopathic Medical Society of the State of Pennsylvania, September 17th, 1889.)

I THINK that any one who will carefully scan the recent literature of pulmonary phthisis, especially the journal articles, will be convinced that we are arriving more nearly to the correct principles of treatment of this disease; however much is yet to be attained. This is a subject for congratulation not only on account of the frequency of the disease and the needed relief, but for the additional reason that the majority of even our good practitioners have been guided too much by the influence of protracted routine methods.

Regarding every subject of importance which the physician is called upon to consider there is a tendency to adopt certain settled views—opinions which are usually the crystallization of the medical thought of the recent decades—perhaps generations. With the progress of scientific investigation these apparently well-founded doctrines and practices are shown to be incorrect, or partial truths only. As few of us possess just the proper degree of conservatism, some fly the new kite high while others trail it in the dust, and thus truth and error go on hopelessly mixed forever.

The following propositions will summarize my present views regarding the climatic treatment of the disease in question:

1. Careful observation of cases in various climates and the study of the writings of our best clinicians have led me to conclude that neither temperature, altitude, degree of moisture, mountains, plains, etc., have each in themselves alone any vital curative relationship to phthisis, but are of a secondary or relative importance only.

2. That the importance of the above-enumerated factors is mainly in relation to certain constitutional and disease peculiarities.

3. That the essential therapeutic element is a *pure* atmosphere.

Much has been written of late years regarding the curative action of altitude, temperature, a dry atmosphere, etc., various writers laying stress, each upon some one quality or combination of qualities of the atmosphere as possessing the highest curative action. "A warm equable climate," "a dry atmosphere," "a high altitude," etc., have each been recently advocated as of the highest curative value. In opposition to these views, I suggest that the only essential is a

* This paper was written while the author was at Pecos, New Mexico.

pure atmosphere; but that the altitude, temperature, degree of moisture, etc., possess important influence upon individual cases, and must be carefully considered in selecting the *best* climate for a given case. It is not sufficient to send all patients to one region for the reason that the physician is impressed from the repute of the place that it is a good one for consumptives.

Perhaps the first question to be asked is, what is a pure atmosphere? This can only be answered approximately. I would say that its most important feature is the absence, or comparative absence, of microorganisms. I think it certain that the regions which are furnishing the best results in phthisis contain relatively few germs either in variety or number of each variety. Does it not seem probable that an atmosphere which supports but feebly few forms of bacteria might exercise an inhibiting influence upon some of the pathogenic forms. This I believe to be true respecting the bacillus tuberculosis, which organism, whether it be the cause of tuberculosis or not, flourishes with its increase, and declines and perhaps disappears with its arrest. These statements respecting the number of bacteria is corroborated by general clinical experience, the observations of certain able microscopists, and corroborated by several experiments of my own. I write sitting in front of my tent; other tents dot the green about me. Hanging to a tree, at a short distance, are roasts and steaks of beef, days old, and which may hang there until as hard as bone without decomposition. Within view are several consumptives who have been West but a short time, whose sputum, what little is left, shows rapid decrease in the number of bacilli. One of them has made a mistake. She has a weak heart, rapid weak pulse and is neuralgic. These troubles all persist, especially the latter, due probably to the high altitude, 7600 feet, although cough, expectoration, and all chest symptoms are better. I recommend her to go to Southern California for reasons to be hereafter considered.

It is important to add that, even in this climate, second in essential quality to none in the world, the multiplication of bacteria is favored by congregation of people, and, as we might expect, the mortality from phthisis is increased. Western towns which, but a few years since, enjoyed, and justly, high reputations as health resorts for consumptives, are now, many of them, nearly valueless. Why? Because phthisis is especially a disease affecting aggregation of people, and for reasons other than its probable contagiousness. It is a disease of civilization, the conditions of which favor germ propagation, and, as we have stated, especially the bacillus of tubercle.

Therefore, do not advise patients to remain in large towns and cities, no matter what their past reputations. Many physicians become disheartened in their endeavors to utilize the western health resorts for this reason. Add to this the reckless disregard of sanitation so common here, and one is forced to believe that only a kind Providence, and the remarkable climate, permits the human species to exist. I asked the mayor of Albuquerque yesterday (a wonderful business centre of 8000 to 10,000 inhabitants) regarding their drainage. He replied laconically: "Have'nt any;" and I found it true—none except what nature furnishes. The older resorts, as Santa Barbara, in California, Las Vegas and Santa Fe, in New Mexico, etc., have declined much in their value, due to increase in size and disregard of cleanliness and all ordinary sanitary precautions. Still, their suburbs and adjacent country are excellent for certain varieties of phthisis. Much of the unpopularity of the West is due to ignorance of these facts. Upon the land, the element of *dryness* probably exercises the greatest influence upon germ propagation. This can be proven in various ways. Divide a piece of meat, expose one-half to the atmosphere, and wrap the second one in muslin. Hang them, side by side, upon the limb of a tree. Within a week the covered piece will manifest decomposition, while the uncovered one will dry up and is preserved indefinitely.

It seems probable that of the adventitious constituents of the air micro-organisms only possess the power unaided to develop definite diseases; therefore the alkaline dust of certain portions of the West and other inorganic materials act as local irritants only.

A second most practical question is: Where can this relatively pure atmosphere, with other qualities suited to the treatment of consumptives be had with the greatest ease and least expense? Of the value of long ocean voyages there can be no doubt, and for some cases are to be strongly recommended, but they possess many drawbacks. The cramped sleeping apartments and bad air of the ship; the risk of being associated closely with other consumptives, or of using a room long inhabited by one; the limitation of exercise in the open air and pleasurable employment generally; and, add to all these, protracted sea-sickness, diminish greatly the benefits to be derived from this purest of atmospheres.

In the West, however, New Mexico, California, Arizona, Colorado, etc., present varieties in temperature, altitude, moisture, etc., sufficient for all classes of curable cases. I think New Mexico and Colorado the best summer residences, excluding the southern half of the

former—say all south of Santa Fe. Of these, New Mexico should be favored, when in doubt, as suitable to a far larger class of cases. Raton, Springer, Watrous, the region of Las Vegas, Glorieta, and the adjacent Pecos river country, are to be highly commended. Good accommodations can be secured in all ; that is, comfortable hotels for resting until arrangements can be made for the desirable camp life. A good wall tent, twelve by fifteen feet, gives a capital room. If the weather is cool, close the space between the lower edge of the canvas tent and the earth with a pine board, on edge, placed upon the inside of the tent. A semi-circle of stones, two to three feet high, in front of the tent, forms an excellent fire-place, reflecting the heat into the tent. These, in connection with heavy clothing, keep one perfectly comfortable.

Fishing and hunting are fair, and the scenery, whether in the mountains or on the plains, grand. The altitude varies from less than five thousand feet up to any desirable height. The days are hot and the nights cold. The air is so refreshing, even on the plains, that one seldom suffers from the sun. The plains are generally dry at night, but heavy dews exist in the mountains. Arizona differs little from New Mexico, except in its greater heat and ruggedness of country. Game is abundant. In some portions the alkaline dust is a source of great annoyance. The purity of the atmosphere, however, is remarkable. If a more equable or warmer temperature is demanded during the winter, one must go further south—say as far as Albuquerque and vicinity. Here little snow falls, as, indeed, does little in any portion of the Territory, except high up in the mountains. The thermometer seldom sinks below the freezing point, and one can ride or walk every day in the bright warm sun. Further south the country is less desirable, and as one approaches Texas and Mexico the malarial element manifests itself. Rheumatism is a common disease West, but seems to me to be largely developed by the most reckless exposure, especially evening and morning, when the atmosphere is cool. As at the sea-shore, people think they cannot take cold. This is, perhaps, because their colds less frequently attack the upper respiratory tract. I have relieved several cases I have seen very promptly with colchicum 4x, every three to six hours. Colorado and South California differ decidedly from New Mexico, which Territory has given me the best “all-around” results. One cannot pass from the balmy, soothing atmosphere of New Mexico across the Raton range into Colorado without soon appreciating a marked change. The nerves are, perhaps, soon “on edge,” many

becoming nervous and irritable. This is apt to be attributed to the altitude, which averages higher in Colorado than in New Mexico. But it is not all altitude, for at identical measurements in each region this difference is noted. I will not attempt to explain it, but give it as the experience of many persons. Whether due to altitude, or some peculiarity of climate, I cannot say, but hæmorrhagic, neuralgic, nervous or weak heart cases do poorly in Colorado. This I can corroborate by the histories of many cases which I have observed for years. It is especially slow phthisis, with greater tendency to fibrous development, good heart and iron nerves that prosper in this State. The balmy, soothing New Mexican climate is intensified in Southern California. It is here that the patient with a predominance of fibrous change (because the greater moisture of Southern California is more likely to incite to increased action the catarrhal process), who is nervous, irritable, whose heart is feeble, who suffers from migraine or some other neuralgia, especially visceral, who cannot live East, yet who will not give up society and luxury, can find a haven. The degree of moisture in the atmosphere is here greater than in any other referred to, fogs are common in some of the valleys, but can be avoided by careful selection. Even in California, if one would get the best results, *keep from the masses*.

I had hoped to prepare a more elaborate paper, but circumstances have prevented, and I am forced to make this simple running comment. Whatever of value this paper may possess has grown out of repeated personal investigations of the regions considered and the experiences of many years in sending patients to these greatest of health resorts for consumptives.

NECROSIS OF THE FEMUR, WITH IMPLANTATION OF DECALCIFIED BONE CHIPS.

BY WILLIAM B. VAN LENNEP, A.M., M.D., PHILADELPHIA.

IN the September number of the *American Journal of the Medical Sciences* there appeared an article by Dr. Nicholas Senn "on the healing of bone cavities by implantation of antiseptic decalcified bone." While reading this paper I saw a case I had operated on over two years ago, where a large cavity in the tibia had taken nearly eight months to heal by the slow process of granulation. The result is a deep depression and a weak cicatrix, which breaks down and ulcerates after every bruise. The attempt had been made to fill the cavity with a blood clot, as had been suggested by Schede a short

time before, but this failed. Senn says that the blood clot is too good a culture soil for germs; that the loss of blood, if a large clot is required, may be dangerous; that it may be insufficient, on the other hand, to fill the cavity. He also very justly criticizes the proposition of Neuber to turn down and tack flaps of the soft parts into bone cavities, because the flaps are apt to slough, and in certain cases much healthy bone has to be removed to allow of their being turned in. He proposes to fill the cavity, in place of the clot or the sponge, with chips of decalcified bone. These he prepares as follows: The fresh tibia of an ox is taken and cut across into sections about two inches thick. The medulla is cleaned out and the bone decalcified in dilute muriatic acid, which is frequently changed. The acid is then washed out and neutralized by a weak solution of caustic potash. Thin sections are made in the long axis of the bone, which are kept in sublimated alcohol, 1 to 500.

I immediately prepared a tibia in this manner, and Gemrig & Co. have since obtained for me some specimens like those used in Senn's experiments. They are not quite as completely decalcified as those I prepared and used.

I was about to operate on a young man for extensive necrosis of the femur, and, with his consent, determined to give this method a trial. There were two sinuses just above the knee, a large one on the inside and a small one on the outside, through both of which rough bone could be readily felt. A number of bits had been discharged, and one large sequestrum seemed loose. Higher up, on the outer side of the thigh, was a deeply depressed, long, adherent cicatrix, resulting from a former similar trouble of several years' duration. The abscess had been incised, and nature allowed to complete the cure. The scar is weak and tender.

OPERATION, September 23, 1889, at the Camden Homœopathic Hospital. After the usual antiseptic precautions, the limb having been rendered bloodless by the Esmarch bandage, an incision was made up and down from the internal sinus, freely exposing the bone. Two large sequestra and a number of small pieces were removed, leaving a deep groove running from the internal condyle upward for about six inches, and ending in a pocket. Just below the latter was an opening through the bone to the sinus on the outer side. The rough places were rendered smooth with gouge and chisel, the whole suppurating area carefully and thoroughly scraped, and the inflamed soft parts freely excised with curved scissors. After washing out with hot water, strongly sublimated, twelve per cent. solution of

chloride of zinc was applied with a brush; the irrigation was repeated, and iodoform blown in. The chips, previously soaked in weak sublimate and dusted with iodoform, were taken from a disinfected towel and tightly packed into the whole cavity. There being no periosteum available with which to cover the chips, the soft parts over both openings were drawn together by buried catgut and superficial silk sutures. This was accomplished with difficulty, producing considerable tension, and a small aperture was therefore left on the inner side of the thigh for drainage. Iodoform dressings were applied, and the limb done up on a posterior metal splint. The Esmarch tubing was then removed.

There was a smart fever the next day (103°) and good deal of oozing, the dressings becoming saturated with blood. They were changed, and the drainage opening slightly enlarged to relieve tension. The bone chips could be seen entangled in a dark clot. The wounds closed *per primam*, except at this point, which suppurated subsequently. He went to his home in the country on the twelfth day, returning to have the opening washed and dressed from time to time.

The bone chips have evidently done their work, as the contour of the limb is well preserved and the cicatrix only depressed at the point mentioned. There must have been a new formation of bone, for a hard elevated lump can be felt instead of the deep groove. In its centre is a crater-like depression where the wound suppurated. Only a couple of chips were discharged and found in the dressings.

The case was anything but favorable for implantation, and required most scrupulous scraping and disinfection, especially in the pocket at the upper end and the opening through the bone. There was no periosteum with which to cover the chips, and the soft parts were drawn together with great difficulty. The tension and the septic cavity caused me considerable anxiety, and when the temperature shot up, I feared that I would have to open the wound and allow healing to take place by the slow and deforming process of granulation. While the blood clot is used in the interstices between the chips, it is supported by them, and breaking down is further prevented by their being not only aseptic but antiseptic. For this reason they also tend to counteract the effects of any shortcomings in disinfection.

The result is certainly very satisfactory, healing being rapid and without deformity or tender scar. I feel that the case should be reported as one of the first since Senn's publication. Besides, it is our duty to put on record successes and failures with any new method in order to help define its value.

THE ETHICAL QUESTION.

BY JOHN C. MORGAN, M.D., PHILADELPHIA, PA.

TO THE EDITOR OF THE MEDICAL NEWS:*

THE paper of Dr. Cohen *versus* Homœopathy possesses the singular merit of logical form, and hence, of susceptibility of rational examination. None of the "excellent treatises" on that subject, to which he refers, can be regarded in that light; not even the "prophetic conclusions" of that great American, Dr. Oliver Wendell Holmes!

The discussion in the Philadelphia County Medical Society, we regard as a family affair, in which we homœopaths have little interest. It relates to consultations with us, to be sure; but, as our ranks include numerous surgical, obstetrical and special experts, we are quite indifferent on that point, whilst viewing, with even affectionate admiration, your own eminent men.

Dr. Cohen goes farther and reiterates the refusal to "recognize" us as members of the medical profession at all. What of that? The union of medicine and the State being no longer existent, nor likely to be, without our consent, this appears frivolous indeed. Recognition upon merit alone is in popular, not professional, hands, and is meted out by the people to individuals, not classes; in which we see nothing to complain of.

Dr. Cohen could not, it seems, help it; but he has yet more marred his argument proper by use of the contemptuous cant of half a century ago, adding a tincture of later slang. Quite probably it so impresses himself on second thought.

We believe that the formula *similia similibus curantur* expresses a general "law of nature," and *not* by any means a rule confined to the action of *drugs*, as he insists. A recently deceased theologian said to the writer that he held that "this world is governed by the Almighty on homœopathic principles." The curative influence of

* This essay was written as a reply to an article bearing the title "An Ethical Question," by S. Solis-Cohen, M.D., in the *Medical News*, October 19, 1889, and was sent to the editor of that journal for publication. It was refused, however, the reason given for its refusal being that it was too long, the editor regretting that he was obliged to take this course, as it might give the impression that he was willing to hear but one side of the controversy, which, so he assured Dr. Morgan, was not the case. Dr. Morgan offered to pay for the extra space taken up by his paper, but this offer was declined with thanks.

evil, met by moral strength and vitality, increases that strength—that vitality—by the *reaction*.* And the doses are not to be, necessarily, infinitesimal; yet is it always kept within the boundary—“He will not suffer you to be tempted beyond what ye are able to bear.”

Dr. Cohen insists that the practice of homœopathists must be in logical harmony with *his presentation* of Hahnemann's premises. Now, apart from this presumption, and apart even from medicine, as well as in it, and in all schools, there is nothing upon which the average American looks more suspiciously than logic—not for its own sake, but for the uses made of it. He regards it as a sort of mental steel-trap, set to “do him up” at any unguarded moment; thinks it has something to do (as in the school-day “reader”) with proving that “a chestnut horse is a horse-chestnut!” In his sadder vein, he exclaims, in words akin to those of Madam Roland on her way to the guillotine: “Oh, logic! What crimes have been committed in thy name!” Truth to say, there never was a persecution, religious or medical, that was not such a crime.

Hahnemann's *Organon*, it is stated, is “the bible of homœopathy.” Truly; and what then? Why we must always, despite all individuality and mental diversity, logically conform to it, as interpreted for us by infallible but inimical authority, or else own ourselves hypocrites! Dr. Cohen and most of those who stand with him, doubtless believe in *their bibles*, and he it is that has chosen to make that reference. Do they all claim to be logically consistent in their lives, in all things, with that book? Or do they content themselves, as “practical” men, with “doing the best they can?” Are they therefore “not honorable” men? Far from it. The man who professes to be so logically exact usually gets the “bar sinister” placed upon his escutcheon, by *their* judgment, possibly, at times, when undeserved. Do all of them even believe in the “plenary inspiration” of their bibles? Certainly not; but that does not disprove the bibles. And how absurd to insist that the homœopathic profession shall unanimously believe it of Hahnemann's *Organon*—although they sincerely uncover the head to do him honor—and study his words as superhuman!

Can a Republican (again, his own allusion) never vote for a good Democrat, or *vice versa*, without becoming a hypocrite? Some of these sticklers in medicine follow the Archbishop of Canterbury

* Vital reaction is the very substratum of the healing art.

(another of his illustrations), and some the Cardinal at Baltimore. Can they never go to church with each other without apostasy or false pretense? Surely, if so, we all have learned the American idea to little purpose! Are physicians, then, more obstreperous than all other men?

This is written from the standpoint of a fairly consistent disciple of Hahnemann,—but his voice, all the same, is for liberty,—with patient admonition always at hand for the correction of illogical error; remembering how hard it is to be always consistent; how impossible, in former days at least, for himself!

Dr. Cohen proves, elaborately, that there is a *homœopathic sect*. It is asserted, on our side, that there is also an allopathic sect, or, as it prefers to say, “regulars.” What then? We are a sect, because the mother body “sected” us—in the writer’s case, in the language of old Dr. Willson Jewell, “amputated” us (speaking, too, ostensibly as a personal friend). The mother herself became a sect by the same act, and thus, by her own act, was created—“medical sectarianism!” We were peaceful but progressive members of her body, and no knife but hers could ever have separated us. Whatever our faults, *that* is not one of them!

Well does the writer, once a member of the same county society, remember his loyal report to that body in 1854, of his early experiments—and successes—with aconite and belladonna in “small and frequent doses” of the tinctures, in infantile convulsions; with Fowler’s arsenical solution, in half drop doses, in collapse of cholera Asiatica; with corrosive sublimate, in $\frac{1}{5}$ -grain doses, in violent sore throat; and the contumely with which they were met. He had been taught that regular medicine is genuinely eclectic, embracing truth wherever found. Ah, yes; provided the truth *stamp* has been officially placed upon it. Thus he learned the meaning of the boast.

Well does he remember that a homœopath organized, in 1854, the first American attempt at an unsectarian college with four graded courses two winter and two spring courses, for graduation; how gladly he joined this enterprise, and how, for these multiplied homœopathic offences, he was “sected” by the county society, and rejected by the naval examining board, all within the same hour! Of course, he “went to his own company.”

Prior to 1848 a homœopathic student was liable to college ostracism. A noble group of Philadelphia physicians obtained a charter, and founded a college, which has lived and thrived upon the truth it has taught. A whole literature has been created by its children and its

friends, and it has seen a dozen other colleges arise to represent the same truth, from Boston to San Francisco. Yet Dr. Cohen, in apparent ignorance of all this, speaks of "the barren history of homœopathy!" If so barren, why do the naughty boys so often climb our fences and rob our orchards? Why did Drs. Ringer and Phillips, now so popular on that side, in certain quarters—to say nothing of later writers—propound a new materia medica with "small and frequent doses;" and where did they get it? Dr. Richard Hughes, our accomplished English confrère, in the second edition of his work on "Pharmacodynamics," distinctly shows the plagiarism of the former upon his own lecture on aconite, in the first edition. Phillips was for sixteen years a provincial homœopath, before figuring as a London "regular."* Our pharmacy in New York has not been barren in producing triturates of mercury, etc., which the "regular" Professor Piffard commends as superior to all others. Our hospitals continue to rise; our work is cherished by the sovereign people; yet is our history barren! Where has this talented essayist been all this time? Secluded, one may fear, within too hallowed, logical and medical precincts. Fruitful beyond measure in therapeutics; forward in all else! Such is homœopathy in 1889. We have already seen that his first proposition, that homœopathy relates only to *drugs*, is untenable. To this he has, however, appended others, which must be separated, viz.: 1st. That the *vis medicatrix naturæ* is rejected by Hahnemann. Now, this phrase is commonly used convertibly with "vital principle." We might have feared a modern onslaught on our position, because of Hahnemann's absolute *dependence* upon this principle; so, what *can* Dr. Cohen mean? To Hahnemann and the strict Hahnemannians, it is this "dynamic" element of the living body which gets sick (§10–11), to begin with, and expresses its sufferings in "symptoms" of the material body. This, indeed, divides even the homœopathic school; for, if this be true, only spiritualized or "dynamized" forms of medicine can possibly meet this sick "dynamis," where it needs help. (*Organon*, §7–18). Dr. C., however, thus unwittingly, in this criticism, demands regard for the foundation of Hahnemann's therapeutic theory, and in logical consistency, he is bound to accept its superstructure! (Perhaps, however, he would deny that the *vis medicatrix* can ever get sick or receive medication.)

2d. Does Hahnemann "denounce," as charged, anatomy, physiology, pathology, etiology, semeiology, nosology and diagnosis?" Anatomy! where? Oh, incautious critic!

* It is, perhaps, needless to disavow any reflection upon the profession at large.

Physiology! What are the "symptoms" which he thinks Hahnemann overrates, but the details of physiology in distress?

Pathology! What is that but the revelation of that distress? What was *called* pathology in his day, and the age of Hahnemann is an essential part of the evidence before the court, all that was, as Dr. Cohen must know, miserable ancient *speculation*, and Hahnemann dealt it its death blow, truly—for which, heaven be praised! Yet, there are plenty of Dr. Cohen's colleagues who, unreformed, still talk of "humors," and "biliousness," and "cooling medicines," etc.! Just enough to justify Hahnemann to him.

Etiology! Why, "the ridiculous psoric doctrine" is itself but a dash of the medical seer, right into the very midst of modern etiology and pathology! Under another name it means, simply, *auto-intoxication* and *inheritance*. The itch-mite is outside the argument—known and understood as it was by Hahnemann. Itch, in his day, meant oftenest *eczema*. Inflammation, to us, means, after awhile, probable *cheesy degeneration*, whether in a broncho-pneumonia or in a patch of lympho-pustular *eczema*; perilously near the lymphatics in both. In either case, nature fain would push out, and away, this degenerate and dangerous matter. In the chest, the doctor essays to aid nature; upon the skin, he defies her and rubs it in. No matter if it be swarming with bacteria, and even with tubercle-bacilli!* Hahnemann named the after-poisoning, "psora;" and why not?

Semeiology! (Well, even Homer nodded!) Semeiology, the science of "symptoms," the pet of Hahnemann, yet "denounced" by him. Only unwarranted interpretations fell under his trenchant blade.

Nosology! This, it is true, was a thorn to Hahnemann. Why? Because the *names* of diseases to which it relates, each with its dogmatic and its routine, were ever to guide the physician instead of the *facts*; that is all.

Diagnosis! There was no diagnosis, in his time, which Dr. Cohen and his colleagues would not denounce with him in company also with Lord Bacon, in general and in detail; and so say we all! To-day, his keen appetite for facts would sate itself, as does ours, at the *lately opened* scientific fountains; as his Baconian penetrations saw them, though darkly, a hundred years ago, and gave them to us in

* Recently, ISCOVESCO has inoculated rabbits with the secretion of ulcerated chilblains of young and sometimes scrofulous children, resulting in tuberculosis. *Vide British Journal of Dermatology*, October, 1889.

prophecy, darkly still though it were ! Let his too verbal and literal critics, as well as followers, make a note of it.

Dr. Cohen's second proposition is simple enough. Homœopathy "is an arbitrary and exclusive system ; inflexible ; and claiming to be infallible." Hahnemann is indeed logical, and so is his system, according to his premises—"likes are cured by likes." And no one knows better than Dr. Cohen how arbitrary are the compulsions of logic ; so much for that. Exclusiveness is another function of the same strict method of thought. Premises laid down, everything foreign is ruled out. It is possible, however, to include too much in the premises ; but that has to be shown. It has not been shown by Dr. Cohen. Infallibility is a third function of logic, provided the premises be correct and strictly followed. So there is nothing left of Dr. Cohen's second proposition. The premises, of course, exclude mechanical surgery, to which they do not relate.

His third is, in effect, that therapeutic treatment is, or should be, with us, as with Hahnemann, based upon verbal similarity between the symptoms of the disease and the remedy, ignoring their pathological origin and interpretation.

It is true, however mortifying, that even in our own day many symptoms fail of proper interpretation, and that we are still compelled to treat and to cure many unexplained and unexplainable symptoms. Our "regular" friends, in prescribing their "alteratives," attempt the same, but they have a cheap way of silencing (?) these voices of nature—they ignore them, call them irrelevant, and treat the diagnosis instead. Should the patient die, a little more "diagnosis" makes all happy, viz., "heart-failure." In all good nature, we decline to compete in such a race. Nevertheless, we look for the morning. Our hope is in *minutest* research, not in diagnosis in the gross. Our founder, perhaps, saw not, as we do, that an all-wise Providence may yet open to us these hidden ways of "the vital principle." Yet this, his practical wisdom, is by no means superannuated—possibly, nay, probably, will never be entirely. Even to-day, however, especially in England, our school has accumulated much of symptomatic and therapeutic interpretation. Indeed, we claim that progress in this line is largely and necessarily bound up with the law of similarity. And we have some trophies already. The work of Dr. Hughes, above named, may serve to illustrate this. This research is a controlling passion with many among us, and our progress is far more certain than is possible to *lawless therapeutics*. We claim,

with Hahnemann, the one straight line between the two points, though there be many not straight.

Dr. Cohen's fourth proposition means that this "law of similars" is inseparable from infinitesimal dosage; yet many of us succeed, at times, with the similar drug in "appreciable doses." The facts are against the assayist once more. Over and above this, however, we may positively assert that the growth of science in the direction of molecular physics has brought us already to the very verge of, if it has not plunged us into, the sphere of infinitesimals.

Who can weigh the contents of an exhausted Crookes's tube? Yet therein remain molecules released from their recent imprisonment in the mass, and Prof. Crookes has taught us to call this "the fourth state of matter," or, as some prefer, the "supergaseous" state. Who that has witnessed the "molecular bombardment" of the end of such a tube under the stimulus of electricity, and compared it with the movements in a *full* tube, can doubt that attenuation of the mass increases the field and augments the activity and dynamic tension of the remaining molecules? Reflection should and does suggest this, *a priori*; the experiment absolutely demonstrates the fact, and establishes the inductive principle.

Again, Prof. Wormley (*Micro-Chemistry of Poisons*) has proved that quantities of poisons, too minute for satisfactory analysis by ordinary methods, are still able, by catalysis, so to alter the crystallization of grosser bodies as to yield *characteristic forms* for each.

Such are some of the scientific supports of infinitesimals up to date. Nature will surely confound our critics, and—convert them. "The law of the Lord is perfect, converting the soul."

Under this same head, Dr. Cohen refers to the "smelling" method of receiving medicine. The present writer having not tested it cannot defend, and, for the same reason, Dr. Cohen cannot attack it intelligently. Hahnemann, doubtless, aside from the question of the bottle's *contents*, learned that from the "regulars." The smelling of camphor, musk, ammonia, etc., is far more ancient than he, and Dr. Cohen's patients have doubtless seen him, ere now, vial in hand, stand over them in like manner.

All the metals—indeed, the most refractory solids—are now recognized as capable of the gaseous form, and their "volumes" are well known in that relation. Hence, their volatility can no longer be sneered at. Apart from volatility, however, they possess electric polarity and "catalytic force." The experiments of Charcot and others in metalloscopy and the known powers of finely-divided pla-

tina prove this, as do all older facts. Only, Hahnemann anticipated them.

Have we objections, along with Hahnemann, to the regular "methods of investigation" of his day? So has Dr. Cohen. The writer, when six years old, having measles, was attended by the then celebrated Dr. John Bell, of this city. By order of this celebrity he was bled, and the blood allowed to stand until the next visit, that he might "investigate" the clot for "the buffy coat of inflammation;" then to determine if more bleeding were necessary to combat it. This "regular method of investigation" was bitterly objected to by the subject of it, and he is still objecting, and so is Dr. Cohen.

Dr. Cohen speaks of "the wretched inadequacy" of homœopathic treatment at the bedside. Suffice it to say, the contrary has been everywhere proven.* But what of orthodox therapy apart from surgery?

Dr. Cohen asserts that in the great work of "preventive medicine" homœopathy "could have, and has had, no part." Why, who originated it in modern times? Jenner, and with an operation founded on "the law of similars"—*vaccination*. Pasteur and all the rest follow this very line. And who but Hahnemann has ever proposed to "prevent" scarlatina?

Again, Hahnemann was a *pioneer* in the modern humane treatment of *insanity*, aided, as he so greatly was, by his mild and *rational* system of medicine, in which "mental symptoms" find, at last, their just rank. (*Vide Organon*, § 228.)

Lastly, so long as some of our neighbors, said to be regular, continue to visit our fields and orchards, eat and receive therapeutic nourishment therefrom whilst denying the credit to us; calling it "dosimetry," "parvules," "small doses frequently repeated," etc., no code of ethics, "old" or "new," can make them ethical; and where, in individual cases, it is evident that such dishonorable inconsistency—"conduct so base and cowardly"—exists, "if we have such evidence then we must not, by condoning duplicity, become partakers in dishonor."

* *Vide* mortality records of Boston, New York, Brooklyn, Newark and Philadelphia; also statistics of the Michigan State Prison, etc.; also Forbes's *Allopathy, Homœopathy and Young Physic*.

EDITORIAL.

AN AMERICAN BRUNTON.

MOST of us have heard of the celebrated English physician whose name is Lauder Brunton. We all have learned that he wrote a text-book on therapeutics, in which he recommended many homœopathic measures without acknowledging the source from which he obtained them. We now have his prototype in America in the person of Dr. John Aulde, of Philadelphia, a physician engaged in the teaching of clinical medicine in a prominent allopathic college of that city.

This gentleman has been making discoveries. In fact, we think he has made very valuable discoveries; and the only fault that we have to find with them as discoveries is that they were well known to all homœopathic physicians from the earliest days of our art. Dr. Aulde has written four papers that have called forth these remarks. They will be found in the *Medical News* for April 20 and November 9, 1889, and the *Therapeutic Gazette* for July and October, 1889. Two of these papers treat of *rhus toxicodendron* in rheumatic affections, and the remainder of the arsenite of copper in diarrhœic diseases. The use of *rhus toxicodendron* is original (?) with himself. His use of the arsenite of soda was learned from Dr. Boardman Reed, of Atlantic City, N. J., to whom we have already referred in these pages.

In the *Therapeutic Gazette* for October, in a paper bearing the title, "Clinical Observations on *Rhus Toxicodendron*," Dr. Aulde gravely starts out with the announcement of his wonderful discovery (?). He says that "some years ago, while looking up a desirable remedy for the relief of obstinate cases of sciatic rheumatism," his attention was attracted by a remark made by one of his patients to the effect that a tincture prepared from the *rhus toxicodendron* had cured a case of varicose veins and rheumatism which had been pronounced by competent authority to be incurable. He thereupon began his investigations with the drug, and found that "it had been used only to a limited extent, and was not generally believed to possess any value." "With a view to obviate any dangerous symptoms that may arise from its use," he "began with very small doses, and was agreeably surprised at the result which followed its exhibition in *suitable* (italics our own) cases." Just think of the assertions made in these opening paragraphs. *Used only to a limited*

extent! Not generally believed to possess any value! Useful in suitable cases!

The report of a discussion on the treatment of sciatica before the Philadelphia Neurological Society, published in the *Medical News* for April 6, 1889, called forth a letter from Dr. Aulde in the *News* for April 20th. In this letter he announced that he had been over the ground traversed by most of the participants in the discussion, and he now took the liberty of suggesting a *comparatively* new remedy for the relief of such cases. That new remedy was rhus toxicodendron. He quoted Phillips's indications for the remedy, namely, that rhus is useful in various sub-acute and chronic rheumatic affections of fibrous tissues "when the patient suffers still from wearing stiffness and aching of sub-acute character in the joints." He then proceeds to give the details of several cases cured by this remedy.

He neglected, however, to give any definite details regarding the character of the dose employed. As a result of this, so he announces in the *Therapeutic Gazette* for October, he was besieged with "communications from members of the profession throughout the country" asking for information concerning the dose. To each applicant he forwarded a sample of the drug with instructions for using the same, and at the same time requested that within a reasonable period they would advise him of the results of any treatment which might come under observation. A number of replies were received as a result of this request, although Dr. Aulde remarks: "There seems to be considerable diffidence in giving an opinion concerning a remedy which is altogether new, and is given in such small doses as is rhus toxicodendron."

Now, how did Dr. Aulde prepare his tincture? Did he seek instructions in the American Homœopathic Pharmacopœia? No; not he. He had never heard of such a book. What did he do? He followed the directions laid down in the Pharmacopœia (allopathic, of course) for the making of tinctures from fresh herbs—50 parts of the fresh leaves to 100 parts of alcohol. "This makes the strength of the tincture 1 to 6." "The dose of this tincture should not exceed one-half drop." "It should be prepared with diluted alcohol, and used in the strength of 1 part in 10; that is, 1 part of the tincture to 9 parts of diluted alcohol." How much easier to have called it the 1x dilution. "The dose of the solution, therefore, will be 5 drops." Later in the paper, when apologizing for the smallness of his dose, the author says that he has had most happy results from the

administration "of doses the size of which, as compared with that he recommends, would make the latter appear immense." He is very emphatic in his declaration that the physician should be careful that he has a good preparation of the drug ere he casts it aside as useless. He condemns the fluid extracts of rhus as valueless. He finally proceeds to relate the experiences of those who favored him with replies, and at the same time says that he still continues to get good results from rhus, although he does not regard it as curative in *all* cases of chronic rheumatism [*only in suitable ones*—EDS.].

After reporting the results offered by his correspondents, which are almost invariably favorable, Dr. Aulde proceeds to do some theorizing. We quote him *verbatim*, without comment :

"The complications which are to be met in connection with the exhibition of rhus for chronic rheumatic and allied affections may be estimated when we consider that the source and real character of the disease are still shrouded in mystery. The farmer, when about to prepare for sugar-making in the spring, knows very well, from the appearance of the bark of the trees, which are the hard and which are the soft maples, and makes his selections accordingly ; but the physician, when he is confronted with a case presenting peculiar symptoms, while he may be satisfied that there is a real cause, he is unable positively to determine the root of the difficulty, and must await developments, just as an inexperienced farmer would have to await the appearance of the foliage on the trees before being able to determine the real character of the tree. It would then be too late to tap, because the sap has gone to the branches. We are frequently at a loss to say positively if a case will ultimately develop into rheumatism, gout or diabetes ; and when a nondescript affection appears, we endeavor to cover our ignorance by calling it something which shall not decide which it is, as in the case of so-called rheumatic gout.

"But this question opens up a field of such vast extent that its consideration will have to be omitted at this time."

Dr. Aulde then goes on to say that it would be very interesting to study the influences of rhus upon the poisons found in the system, such as result from decomposition, bacteria, etc. It really looks as though he intended, at some future time, to announce that rhus would prove curative in *some* cases of typhoid and puerperal fevers.

So much for the "rhus papers."

Dr. Aulde has also discov—no, we mean learned—from Dr. Boardman Reed that arsenite of copper in *ridiculously small doses* will prove curative in some cases of diarrhoea.

"For medicinal use, the arsenite of copper is prepared as follows : To 1 part of arsenite of copper in fine powder a sufficient quantity of sugar of milk is added, and trituration begun ; additions are made of sugar of milk, triturations being continued, and sugar of milk added sufficient to make the quantity up to 100 parts.

"When desired, this form of powder may be prepared in the form of tablets, containing 1 grain each, by which each tablet is made to contain definitely 1/10th of a grain.

A single tablet containing this amount should be dissolved in from 4 to 6 ounces of water, the dose of the solution being a teaspoonful."

We might go on indefinitely quoting Dr. Aulde, but in so doing we would not be giving our readers any new scientific information, and we would only tend to diminish their faith in human nature, or rather allopathic human nature. Let us only say, in conclusion, that both in the *Therapeutic Gazette* for July, 1889, and again in the *Medical News* for November 9, 1889, Dr. Aulde proclaims the efficacy of the arsenite of copper in just such cases of diarrhoeic affections which present the combined symptoms of arsenic and copper, as laid down in the homœopathic materia medicas.

1890.

It gives us pleasure to announce to our readers that in 1890, and beginning with the January number, we will present two very valuable serials. One of these is by Dr. Aug. Korndorfer, and will include short practical studies of a number of the more prominent remedies of our materia medica; the other one is by Dr. Clifford Mitchell, of Chicago, and includes three papers on the "Albuminurias of Pregnancy."

The Gleanings hereafter will be classified, and will be conducted as follows: General Medicine, by Drs. S. Lilienthal, W. W. Van Baun, E. M. Gramm, and Clarence Bartlett; Gynecology and Obstetrics, by Drs. G. R. Southwick and E. W. Mercer; Ophthalmology, Otology, and Laryngology, by Dr. Charles M. Thomas; and General Surgery, by Drs. W. B. Van Lennep and Carl Vischer.

So many and so interesting have been the items presented in the *News and Advertiser* during the year just closing, that many of our friends have desired to preserve them in their libraries. In deference to that wish, this department of the journal will be in future so arranged that the reading matter can be separated completely from all advertisements and bound as a separate journal at the end of the year. The editors in making this change do not announce it as an increase in the size of the journal, but simply as something extra, these pages being paid for by the advertisers. Sometime we hope to find ourselves in such prosperous condition as to enable us to add 16 pages monthly to the HAHNEMANNIAN proper, thereby making it an 80-page instead of a 64 page journal, and this independent of the occasional extra pages now given, as in June, July, and October of the present year.

NEW PUBLICATIONS.

DISORDERED DIGESTION AND DYSPEPSIA. By Frank Woodbury, A.M., M.D.

SYPHILIS OF THE NERVOUS SYSTEM. By H. C. Wood, M.D., LL.D. Detroit, Mich.: George S. Davis. 1889.

Both of the above are small volumes, numbers of the Physicians' Leisure Library. Of Dr. Woodbury's treatise, it is only necessary to say that the bulk of the volume is devoted to the treatment of dyspepsia. Of Dr. Wood's brochure, it must be said that it is a most interesting review of a most important subject. Syphilitic nervous diseases are so often curable when recognized, and so often lead to disastrous results when neglected, that the knowledge requisite to their diagnosis, despite positive denials of a syphilitic history on the part of the patient, is a necessity. We think that the diagnostic symptoms of syphilitic nervous diseases are fully expounded by our author.

RUDDOCK'S FAMILY DOCTOR. By E. H. Ruddock, M.D. With notes and additional chapters by J. E. Gross, M.D. Chicago: Gross & Delbridge. 1889.

Although this book is intended to be a "popular guide for the household," there is much in it that will prove useful to professional minds. Too often the non-medicinal management of a patient is treated of in such general terms in more pretentious works that the beginner in medicine does not have a clear idea of what recommendations as to diet, hygiene, etc., to make in a given case after he has decided on the remedies which should be administered. Clear and concise directions as to accessory means, both curative and preventive, follow the description and remedial treatment of each disease, and thus give a beginner that confidence which is necessary to achieve success. Students of medicine and physicians will find this book an aid of which they ought to avail themselves.

A MANUAL OF OBSTETRICS. By A. F. A. King, A.M., M.D. Fourth edition. Philadelphia: Lea Brothers & Co. 1889.

A TREATISE ON THE SCIENCE AND PRACTICE OF MIDWIFERY. By W. S. Playfair, M.D., LL.D., F.R.C.P. Fifth American from the seventh English edition. With notes and additions by Robert P. Harris, M.D. Philadelphia: Lea Brothers & Co. 1889.

Both of these works on obstetrics are intended for the student, all the matter contained in them being arranged in as concise and systematic a manner as possible. Both have proven their popularity with medical men, as shown by the numerous editions they have already passed through. Dr. King's "Manual" is somewhat larger in the fourth than it was in the third edition, two chapters having been added to it on the subjects of the "Intercurrent Diseases of Pregnancy," and "Resuscitation of the New-Born."

Playfair's "Treatise" has been thoroughly revised, as required by the advances made in the four years since the previous edition was issued. Especially is this noted in the Porro-Cæsarian operation. The editor has re-written most of the American additions to the book, as found in former editions.

A REFERENCE HAND-BOOK OF THE MEDICAL SCIENCES. By various writers. Illustrated by chromo-lithographs and fine wood engravings. Edited by Alfred H. Buck, M.D. Volume VIII. William Wood & Company. New York.

This is the concluding volume of one of the greatest encyclopædic medical works of the day. Of it there would be little more to say than to accord it the praise meted out to its predecessors, were it not for the appendix containing a most excellent series of papers on the brain by Wilder, Keen and Browning. The thoroughness with which this subject has been treated would have done credit to an elaborate treatise devoted to the brain alone. But what calls for especial comment is the general index of the eight volumes. This index occupies nearly two hundred triple-column pages, and is so thoroughly prepared as to add greatly to the convenience with which the Hand-book can be used for reference.

THE RELATION OF HOMOEOPATHY TO NATURAL SCIENCE. By Edward Babcock Atkins, M.D. New York: A. L. Chatterton & Co. 1889.

The series of essays which go to make up this book were written by the author after careful study, to show the claims of homoeopathy to scientific recognition. Our perusal thereof has afforded us not only great pleasure, but profit as well. The author's arguments are well arranged, and must carry conviction to all but the biased reader.

KILMER'S PHYSICIAN'S POCKET DAY-BOOK, JOURNAL AND LEDGER. By S. L. Kilmer, M.D. Published by the author. South Bend, Ind.

Although the book before us has the outward appearance of a visiting list, it is really not such, but is a convenient "pocket day-book, ledger and journal" combined. By a system of signs and abbreviations it enables the busy physician to keep his accounts always posted up to date, so that he has them always arranged for making settlements at any time.

WOOD'S MEDICAL AND SURGICAL MONOGRAPHS. Vol. IV., Nos. 1 and 2. October and November. 1889. New York: William Wood & Co.

The October number of the *Monographs* contains the following: "The Influence of the Male Element Upon the Female Organism Aside from Impregnation," by John Brown, M.D.; "The Internal and External Temperature of the Human Body, as Modified by Muscle Kneading," by A. Symons Eccles, M.D., and "The Diseases of the Breast," by Thomas Bryant, F.R.C.S.

The November number contains three monographs, as follows: "On the Surgery of the Knee-Joint," by C. B. Keetley, F.R.C.S.; "Aids to Ophthalmic Medicine and Surgery," by Jonathan Hutchinson, Jr., and "Bacteriological Technology for Physicians," by Dr. C. J. Salomonsen. Of the last two mentioned, it might be said that they consider two highly specialized subjects, so treated as to be brought down to the domain of the special practitioner. This has been done before with other treatises on the eye, but not in any work thus far published on bacteriology.

TRANSACTIONS OF THE FORTY-SECOND SESSION OF THE AMERICAN INSTITUTE OF HOMOEOPATHY. Edited by the General Secretary, Pemberton Dudley, M.D. Philadelphia: Sherman & Co., Printers. 1889.

We have already spoken in praise of the proceedings of the last session of the American Institute. As the volume before us reflects faithfully the full transactions of the meeting, and as it is ably edited, it is needless for us to say that it must be of great scientific value. We note one point which is an improvement on preceding volumes. Some of the discussions are reported in abstract, and not verbatim. In other words, the speaker's ideas are reported and not his words. Many times we have seen or read (in other "Transactions" than those of the Institute) reports of discussions that made very tiresome reading owing to the preservation of the profuse verbiage employed by the speaker. Little flights of rhetoric not appertaining to the subject under discussion may be interesting to listen to at the meeting, but when they have no scientific value, they are better out of print than in it. We have even seen such remarks as "I do not know that I have anything to say on this subject, but I think as no one else seems inclined to take up the time of the meeting, etc.," reported with all possible care. While this defect has not been very rampant in the reports of the Institute meetings, still it existed in a measure and we are glad to see that attempts are being made to correct it.

PHYSICIAN'S VISITING LIST FOR 1890. Philadelphia: P. Blakiston, Son & Co.

This well-known visiting list, now in its thirty-ninth year, appears in its well-known form which has made it so popular.

MEDICAL NEWS VISITING LIST FOR 1890. Philadelphia: Lea Brothers & Co.

This valuable list presents the same arrangement as last year. The only changes that have been made in it, are in the text in the front of the book, which has been thoroughly revised.

GLEANINGS.

CONDUCTED BY
S. LILIENTHAL, M.D.,

E. M. GRAMM, M.D., W. W. VAN BAUN, M.D.,
E. W. MERCER, M.D., H. I. JESSUP, M.D.,

AND THE EDITORS.

LARYNGEAL TUBERCULOSIS MISTAKEN FOR GLOBUS HYSTERICUS.—A woman suffering from hysteria was brought into the hospital under the care of Dr. Langreuter, and died after a two weeks' stay there. She exhibited a functional paralysis of the lower extremities, a characteristic relaxation of the whole motor sphere, paræsthesiæ, sense of pressure on the vertex, nasal speech, and she constantly complained of a sensation as if some foreign body was in her throat. Externally, neither swelling nor pain on pressure was present. An examination showed her respiratory organs to be in a normal state, though laryngoscopic examination was nearly impossible. After her death a large tuberculous ulcer was found at the entrance of the trachea; the lungs and intestinal tract were normal.—*Centralblatt für Nervenheilk*, 17, 1889.

INFLUENCE OF GASTRO-INTESTINAL AUTO-INTOXICATION IN MELANCHOLIA.—Nearly all alienists have observed the frequency of gastro-intestinal troubles in depressed mental states with hypochondriasis. Rodrigues is convinced that the cause of this association is often an auto-intoxication favored by ecstasy of the stomach. Intestinal antiseptics succeeded with him in several cases in removing the psychic trouble. Among the toxic substances capable of producing insanity, we must consider the poisons made by the human organism. These evince a decided and special action on the nerve centres. Acute delirium is often a symptom of gastro-intestinal intoxication, as demonstrated by the somatic state, by the mental symptoms, by the course of the disease, and by the successes following antiseptic treatment.—*Bulletin Med.*, 75, 1889.

EXTRACTION OF CATARACT WITHOUT IRIDECTOMY.—Dr. C. S. Bull reports, in the *New York Medical Journal*, November 2d, a series of 100 extractions after this method without the loss of a single eye. The healing process was normal in 86 cases, though in some the process was very slow. The resultant degree of vision in the 100 cases was as follows: In 6 cases, 20/20; in 13 cases, 20/30; in 24 cases, 20/40; in 22 cases, 20/50; in 21 cases, 20/70; in 10 cases, 20/100; in 2 cases, 20/200; counting fingers at several feet in one case. No perception of light in one case; eye previously blind for many years. He makes the following comparison of the two methods of extracting cataract with or without iridectomy. The advantages of simple extraction without iridectomy are as follows:

1. It preserves the natural appearance of the eye; a central, circular and movable pupil.
2. The acuteness of vision, other things being equal, is greater than after the old operation.
3. Eccentric vision and orientation are much better than by the old operation.
4. Small particles of capsule are not so likely to be incarcerated in the wound, and thus act as foreign bodies and excite irritation.
5. The necessity of after-operations is probably not so great as after the old operation.

The *disadvantages* of simple extraction are as follows:

1. The technique of the operation is decidedly more difficult. The corneal section must be larger in order that the extrusion of the lens may be facilitated, as the presence of the iris acts as an obdurator or obstacle in its passage. The corneal section must be performed rapidly, so as to avoid the danger of the iris falling on the knife and being excised. The cleansing of the pupillary space and the posterior chamber is much more difficult than after the old operation.

2. Posterior synechiæ, secondary prolapse and incarceration of the iris are more frequent than after the old operation.

3. The operation is not applicable to all cases. This objection, however, applies to all operations.

At the October meeting of the New York Academy of Medicine, Ophthalmic Section (*New York Medical Journal*), Dr. H. Knapp stated that he did not think simple extraction offered any better results than extraction with iridectomy. Whenever the capsule was left behind it was sure to wrinkle and become clouded, and probably agglutinated to the iris. The instrument he used was a specially-made captotome, with a very delicate fine point. In operating, he made his section follow the line of the transparent cornea as nearly as possible, as with this flap prolapse of the iris and inflammation were less likely to follow. He then endeavored to dislodge the lens by passing the instrument carefully under the iris and rupturing the capsule at its periphery. This method he considered better than to incise in the centre, which left a scar which was detrimental to good vision. Patients for operation were fully cocaineized, which caused slight dilatation of the pupil. After the operation he used a 1 per cent. solution of eserine. Before bandaging the eye, a 1 per cent. ointment of eserine was put into the conjunctival sac. He considered eserine the main factor in preventing prolapse of the iris.

LOSS OF MEMBRANA TYMPANI, MAILLEUS, INCUS AND STAPES, WITH GOOD HEARING.—Dr. C. F. Clarke, of Columbus, Ohio (*Archives of Otolology*, September and December, 1889), reports a most remarkable case, in which, after a prolonged and extensive sloughing periostitis of the tympanum and deep meatus, the following condition presented: With the exception of a small area of the upper anterior wall of the external meatus, no soft tissue is to be seen either in the bony canal or the tympanum. All is clean ivory-like bone. The ossicles are absent, and on the inner wall of the tympanum is to be seen the fenestra ovalis, and less distinctly the fenestra rotunda. The outlines of the fenestra ovalis are clear cut and distinct, but it seems to be closed by a pellicle or membrane. Careful testing showed, notwithstanding this extensive destruction of tissue and loss of conducting elements, a hearing power in that ear for ordinary conversation at thirty-five feet, and for whispered words at sixteen feet. The case illustrates not only the possibility of a fair degree of hearing in the absence of all the ossicles, but also presents the unusual phenomenon of the separation of the stapes with the preservation of a membrane closing the fenestra ovalis and retaining the peri-lymph.

TUBERCULOSIS OF THE LARYNX.—Dr. Clarence E. Beebe (*Journal of Ophthalmology, Otolology, and Laryngology*) reports three interesting cases of laryngeal tuberculosis much benefited under iodide of arsenic and ferrum phos. internally, together with judiciously applied local measures. The doctor concludes his article with the following pertinent remarks concerning the use of some of the more recently proposed remedies for this affection.

Dr. Charazac in the *Revue Medicale de Toulouse* for September 1st, 1887, calls attention to the injurious effects of the use of sulphur waters in cases of tuberculosis of the larynx. The sulphides he says, excite a congestion of the laryngeal mucous membrane, and if their use be persisted in, what was a nearly dormant tuberculosis may pass into an acute miliary tuberculosis. If this conclusion be correct, and I can see no reason to think otherwise, we possess in it a valuable proof of the *homoeopathicity of the iodide of sulphur* in the treatment of pulmonary as well as laryngeal tuberculosis. On many occasions in cases of a certain type, I have found the drug markedly efficient.

In the later stages, insufflations of iodoform, iodol, and boracic acid with or without one-quarter or one-sixth of a grain of morphia, are strongly recommended by some authorities. My own experience with *iodol* has been disappointing and induced me to prefer the *iodoform*, notwithstanding the odor. There are several potent objections to the use of *morphia* and *cocaine*, which are of sufficient importance to cause the physician to employ them only in those cases which, in consequence of certain exigencies, render their exhibition imperative.

In applying morphia for relieving pain, one is compelled to use a quantum of the drug, which, if it be absorbed, and there is always the likelihood of absorption, is sufficient to produce constitutional effects. Another more remote result is the disturbance to the function of digestion, the integrity of which it is in these cases of paramount importance to preserve. The objection to the use of cocaine lies in the tendency it has to augment the salivary and mucous secretions.

Patients while they are assuredly grateful for the temporary relief afforded by the

application, will speedily notice the augmentation of the secretions, their peculiar viscosity, and albuminoid character, and the resultant increase in the necessity for constant swallowing. For this reason, and because of the indubitable sequelant irritation induced, I defer its use until it becomes absolutely imperative. My personal experience with *resorcine*, which has lately been used for the same purposes as those of cocaine and other local anæsthetics, has led to rather negative results. Although *iodoform* is, according to Rovesing, of Copenhagen, useless as a destructive agent when brought into contact with the tubercle bacilli, still there can be no question, it appears to me, as to its efficiency in creating a healthy reaction in ulcerations, whether tubercular or otherwise, and there is one additional property which we are apt to lose sight of, and that is its potency as a local anæsthetic. In *menthol*, which was employed in two of the cases cited, I am convinced we possess a drug of very positive efficiency. Dr. W. Leonard Braddon, in the March 17 and 24, 1888, issues of the London *Lancet*, deduces the subjoined conclusions from sundry experiments: (1) The oil may be inhaled pure for an almost unlimited time without producing any ill effects. (2) It has an immediate beneficial effect in some cases of even the latest stages of galloping phthisis. (3) That early phthisis is at least checked in its progress under its systematic use, and possibly, when other circumstances are favorable, it is even cured. A comparative test of the action of *menthol* and of *lactic acid* was made in a case of tubercular ulceration of the velum palati, one-half of the velum being painted with menthol, the other with the acid. The menthol side healed more rapidly and was much less painful than when lactic acid was applied.

TREATMENT OF PHTHISIS WITH CARBONIC ACID—Weber believes that the carbonic acid formed in the burning of lime is a greater factor than the hot air in producing immunity from phthisis among the laborers in lime kilns. The cessation of the onward progress of phthisis during pregnancy has received a similar explanation: The fœtus carries the carbonic acid formed by its own tissue changes uninterruptedly into the maternal organism, so stopping the progress of the disease for the time being at least. According to Traube, patients with cardiac troubles, suffering from considerable hyperæmia, and hence overcharged with carbonic acid, enjoy also a certain amount of immunity from phthisis. The relative immunity of emphysematous patients may also be explained by the action of carbonic acid, which is abundantly present in their lungs. The rectal gas injections recommended by Bergeon caused improvement by reason of the excess of carbonic acid produced. Hugo Weber recommends, therefore, in the treatment of pulmonary tuberculosis to give carbonic acid by the stomach, and orders, three times a day, a teaspoonful of carbonate of soda, preceded by a glass of water containing twelve drops of muriatic acid, to be taken before each meal, when the stomach is empty. The acid prevents disturbance of digestion, which might take place without this addition to the treatment. One gramme of carbonate of soda evolves 270 cubic centimetres of carbonic acid. In a number of cases thus far treated by this method, all acknowledged that their respiration had been rendered more free, appetite better, cough less harassing, sleep more quiet, and diarrhœa better.—*Wien. Med. Presse*, 33, 1889.

THE DIAGNOSIS OF TUMORS OF THE BREAST.—To help the practitioner on the question of diagnosis of tumors of the breast, Mr. Bryant formulates the following conclusions:

1. Tumors that arise during lactation are probably milk tumors, i.e., galactoceles, or inflammatory swellings and abscesses.
2. Tumors that are found to be in, but not connected with, the breast; that can be readily made out to be distinct from the gland, and moved without causing dragging upon the nipple, are presumably of the benign kind. If they are slow of growth, hard, inelastic and lobulated, they are probably of the adeno-fibromatous variety; if of more rapid growth, smooth, somewhat elastic, and only slightly lobulated, adeno-sarcomatous; and if hard in parts, and soft in others, clearly fluctuating and bossy, they are probably cystic-sarcomatous growths or colloid.
3. A tumor that infiltrates a lobe or lobes of the breast, which cannot be separated from the gland, and has no distinct boundary, is in its nature either inflammatory or cancerous, the lobe or lobes affected being in one case infiltrated with inflammatory products, in the other with epithelial elements.
4. When the affected breast has been physiologically active, or the seat of injury; when the swelling is ill-defined and the mammary glands feel leathery, or painful and elastic, and when more than one of its lobes is separately involved, the probabilities of the affection having an inflammatory origin are very great; although when the

infiltration has attacked an inactive or obsolete breast, appears as a single tumor, is hard and nodular, the prospects of the tumor being cancerous are reasonable; and when in addition to these special local symptoms there is either dimpling, puckering or infiltration of the skin over the tumor, or the tumor with the breast is fixed to the deeper structures, the diagnosis of cancer is confirmed.

5. Any globular, smooth, tense tumor situated within and apparently forming part of the breast, should be suspected to be of a cystic nature; and when the tumor is associated with a discharge from the nipple of a clear or blood-stained serum, the suspicion is much strengthened.

6. When more than one globular swelling is present, or the breast feels coarse to the hand, the gland is probably the seat of cystic degeneration or of involution cysts. When the tumor is single, and there is no nipple discharge, the tumor is either a chronic abscess, a serous cyst, or a hydatid.

7. When the tumor is punctured for diagnostic purposes, and the fluid withdrawn is brown, mucoid, blood-stained, or blood, the cyst is probably of duct origin; and in proportion to the amount of blood in the fluid, is the diagnosis of intra-cystic growth to be made.

8. When the fluid is clear and albuminous, the cyst is probably serous; when watery and free from albumin, it may with confidence be pronounced to be hydatid. Under these circumstances the characteristic hooklets will be found in the fluid.

9. A slowly growing tumor, which has shown no sign of inflammation in its origin and progress, that eventually becomes the seat of inflammation, as indicated by local redness, swelling, heat, and pain, may be either a suppurating hydatid, or a gummatous tumor, or tuberculous inflammation of the breast.

10. A solid or cystic tumor, however large, that simply distends the integument over it, has no tendency to infiltrate, is clearly a solid or cystic adeno-fibromatous or adeno-sarcomatous growth.

11. A solid or cystic tumor, however small, that gives rise either to dimpling, puckering, or infiltration of the skin over it, becomes fixed to the deeper tissues, and is complicated with enlargement of the axillary or clavicular lymphatic glands, is certainly a cancer.

12. A flattened or retracted nipple associated with a tumor may be a symptom of small or great significance. If not congenital in its origin or due to some antecedent inflammation, the flattened condition of the nipple may be brought about by a simple stretching of the gland, the result of continued growth of a simple neoplasm, whereas the contraction of the nipple may be produced either by the contraction of a scirrhus tumor infiltrating the lobe of the breast, and dragging upon its ducts, or by the presence of some adenoid, sarcomatous, or cystic tumor in the centre of the breast, and so separating its ducts as to bring about a drawing in and retraction of their termination.

13. A tumor that ulcerates upon its surface and becomes excavated by the extension of a necrotic ulcerating process, is most probably cancerous, and when the edges of the ulcer are raised, indurated, and everted, the diagnosis is confirmed.

14. A tumor that presents a prominent fungating mass in some parts of its surface, and this mass projects from an orifice which has punched out and not infiltrated edges, is certainly sarcomatous, and probably cystic. A slow growing tumor that first stretches the skin and then ruptures it, and from the orifice thus made a colloid or mucoid fluid escapes, is probably a colloid tumor.

15. A tumor which originates in the breast or becomes complicated with a red or white, brawny, oedematous, or tuberculated condition of skin over the growth, is without doubt cancerous, and of the worst type.

16. The absence of any enlargement of the axillary or clavicular lymphatic glands with any breast tumor is an argument in favor of its benignancy, whereas the presence of such a complication suggests the reverse. Enlarged lymphatic glands may, however, be found associated with simple tumors when any local sources of irritation arise, and they may be absent for months, years, or altogether in certain examples of cancer, particularly of the atrophic variety, in which the disease spreads slowly, and shows no signs of activity. In a case now under my observation, of scirrhus cancer of fourteen years' standing, the lymphatic glands are uninvolved.

17. Discharge from the nipple when free is more than suggestive of a duct cyst; where the discharge is serous, of simple serous disease; where blood-stained or

blood, of cystic disease complicated with intracystic growth, either of a simple or cancerous nature.

18. A slight sanguineous discharge from the nipple in the absence of nipple trouble, is suggestive of glandular cancerous diseases, since simple non-cystic benign tumors never give rise to a discharge from the nipple unless associated with some degenerative cystic disease of the gland.

19. A slow-growing, almost painless, nodular, elastic tumor of the breast, over which the skin is thinly stretched, before it becomes infiltrated and later on ruptured, and which discharges a tenacious mucoid fluid, more or less blood-stained, is certainly a colloid.—From Mr. Thomas Bryant's work on "*Tumors of the Breast*," in *Wood's Medical and Surgical Monographs*, for October, 1889.

TOLERANCE OF OPERATIONS ON THE LIVER.—After a series of experiments in regard to the relation between the liver and certain anomalies in the formation of the blood, Professor Penfick has made some very striking discoveries, which, although not directly connected with the objects of his investigation, are of great importance. The most curious result of his experiments is the discovery that large portions of the liver can be removed without serious interference with the animal functions. In some cases he removed as much as three-fourths of the entire gland, either at one or several sittings, and the animals recovered and showed no signs of any serious disturbance in health. In hundreds of experiments, where sometimes one and sometimes another of the lobes were removed, the animals in a great number of cases remained well for months, and even for as long as a year.

We have already been taught by clinical experience that the whole of the liver is not absolutely essential for health, as large portions of the organ have been destroyed—as in cases of echinococcus and marked fatty degeneration. This is hardly comparable to the sudden and immediate removal of large portions of so important an organ. Penfick explains this curious fact by the wonderful power of reproduction, as he found within a few days after removal of portions of the liver that the process of reproduction began, and proceeded with great rapidity. In certain cases as much was reproduced within a period of a few weeks as had been removed; and this was twice as much as had been left.

These investigations cannot but influence the development of abdominal surgery.—*Med. and Surg. Reporter*, October 12, 1889.

SUGAR FOR WOUND TREATMENT.—Sugar and iodoform in the proportion of one to ten have been successfully used in the treatment of tubercular ulcers, and pure sugar for ordinary wounds at the Strassburg Klinik. The sugar, applied in bags which are allowed to remain *in situ* six or eight days, may also be directly applied to the wounds, thus cleansing them of acid, deodorizing them, and stimulating granulation. Sugar is not an antiseptic; but it acts by absorbing secretions and protecting against infection from without, after purification of the parts with bichloride. With admixture of exudate from wounds lactic acid is produced, giving an acid reaction, consequently an unsuitable soil for most bacteria to germinate is formed. Amputations, resections, nephrotomies, complicated fractures, etc., were thus treated, with results that would justify sugar being placed among other wound dressings.—*Weiner Med. Presse*, 36, 1889.

TREATMENT OF HERNIA.—In a very interesting paper, read before the New York State Medical Association by Dr. J. D. Bryant, the following conclusions were drawn: 1. That no form of truss yet constructed can be relied on to effect a cure of simple reducible inguinal hernia. 2. That a cure of hernia cannot be effected with certainty by any mechanical means. 3. That mechanical appliances may afford relief in many cases and enable the patient to pursue his vocation. 4. That so-called cures depended upon restriction of the abdominal contents, with subsequent contraction due to resiliency of the part, and not to inflammation of serous surfaces. 5. That a hard, slightly convex pad, with a steel spring attachment, was the best appliance. In regard to operative interference, the author advocates the open method. After freeing the sac and ligating its neck it is quilted between the pillars of the ring, thus affording an animal membrane to give additional strength to the parts.—*N. Y. Med. Journal*, October 26, 1889.

MICROCOCCI OF PURPURA HÆMORRHAGICA.—Petrone found single, small, ovoid micrococci in the blood of a young man who was suffering from "purpura hæmorrhagica rheumatica febrilis." Some of his blood was subcutaneously injected into

a rabbit. After two days numerous hæmorrhagic spots appeared in the skin of one ear. By this experiment, Petrone thinks he has demonstrated the infectious nature of the disease.—*Archiv. für. Dermatol. und Syphilis*, Heft 3, 1889.

LARYNGEAL SYPHILIS.—According to Oltuszewski's experience, syphilitic laryngeal affections come under observation as follows: 1. Flat condylomata. 2. Subacute or chronic inflammation of the mucosa and submucosa, with consecutive hypertrophy of the latter. 3. Syphilitic ulcers. 4. Cicatrices following healed syphilitic processes. 5. Inflammations of the laryngeal articulations (one case of inflammation of the crico-arytenoid articulation). 6. Laryngeal perichondritis. 7. Paralysis of the laryngeal muscles.—*Archiv. für Dermatol und Syphilis*, Heft 3, 1889.

ELECTRIC VS. GAS LIGHT.—It has been found in the Post-office Central Savings Bank in London, that during the past two years, since the introduction of the electric lights into the building, there has been a marked decrease in the amount of time lost from sickness by the clerks and employees.—*Tenn. State Board of Health Bulletin*.

MEDICATED SOAPS IN SKIN DISEASES.—Dr. John V. Shoemaker advises that medicated soaps be used as follows: Eucalyptol soap is of service in cleansing foul-smelling wounds and ulcers, and in removing the offensive odor of bromidrosis; thymol is applied in the same cases, and also in pustular eczema. Ergot soap is a valuable local remedy in eczema, acne, and rosacea; salicylic acid is used in sycosis and pustular eczema; corrosive sublimate in pruritus and syphilis; boroglyceride in parasitic diseases, in pruritus, acne, in cleansing wounds, ulcers, suppurating or gangrenous surfaces. Alum soap is beneficial in hyperidrosis, seborrhœa oleosa, and indolent affections, such as lupus, scrofuloderma, syphiloderma, and in bed-sores. Chamomile soap relieves intertrigo, dermatitis, seborrhœa, hyperidrosis, and bromidrosis. The plain potash or soft soap, either in substance or alcoholic solution, stimulates healthy action and removes crusts or scales in chronic eczema and psoriasis; it is serviceable in acne, rosacea, leucoderma, and the scrofulous and syphilitic affections of the skin. Soft soap containing tar is an excellent application in chronic eczema, psoriasis, ichthyosis, pityriasis, and seborrhœa sicca. Naphthol has the advantage of being without smell and contributes to the relief of the same affections; it also acts as a parasiticide in scabies and phtheiriases. Salicylic acid is efficient in hyperidrosis and bromidrosis. Corrosive sublimate soft soap is an excellent remedy in syphilis, especially in old cases, or in broken-down constitutions and when it is badly borne by the stomach; it is also of good service in the treatment of bubo, scrofulous ulcers and enlarged glands, and in alopecia.—*Journ. of Cutan. and Gen. Urin. Dis.*, November, 1889.

CARCINOMA FOLLOWING LUPUS.—L. Nielsen has published two cases. The first was in a man fifty-eight years old, who had a circumscribed lupus since childhood, and later a serpiginous lupus of the face. Six or seven months ago a carcinomatous swelling developed in the mesenteric region, where the original lupus had been. It was removed with the sharp spoon and was found to be made up of pavement epithelium. In the summer of 1889 it recurred and was removed.

The other patient was first seen in 1884, when he was found to be suffering from lupus erythematosus faciei and lupus vulgaris nasi (a complication which has only rarely been observed). In 1886 a rhinoplastic operation was performed, and shortly afterwards a stubborn ulceration of the upper lip was excised and was found to be an epithelioma. It soon recurred, and the patient died in a year.

Forty-six cases are recorded in which cancer developed in active lupus; and twelve cases in which it developed in scars produced by lupus.

Carcinomata which originate in this way have all the characteristics of those which appear idiopathically, except that they appear at an earlier age, and relatively frequently under 30.—*Monatsh. für prakt. Dermatol*, Bd. 9, No. 7.

ENEMATA OF MAGNESIA SULPHATE SOLUTION.—Watkins recommends enemata of saturated solutions of sulphate of magnesia for the purpose of cleaning out the bowels. The advantages he claims for it are: 1. Its action is local, producing diffusion. 2. Its action is free and seldom fails. 3. Its time of action is short. 4. The bulk is small, causing but very little, if any, discomfort. 5. It is as unirritating as a simple enema. Its certainty of action has become so well recognized in the New York Woman's Hospital that it has been used in nearly all the operative

cases, as the cathartic preparatory to the operation, for the last six months. It is best administered with the patient in Sim's position, the hips being elevated by a pillow; and when much tenderness exists, it is best given through a large gum-elastic catheter, passed well up into the bowel. The patient is instructed to allow the abdominal muscles to remain lax, and the nurse is to keep up pressure over the anus, if necessary, to cause it to be retained for at least fifteen or twenty minutes. If the bowels should fail to expel the exuded fluid, a rectal tube had better be inserted to allow it to escape. It has not produced any bad results when two ounces have been retained, but Christison reports the case of a boy, aged ten years, where two ounces were taken by the mouth without producing any purging, and death resulted. In Watkin's cases it was probably excreted by the kidneys almost as rapidly as it was absorbed. Where it is retained, the sphincter ani is likely to be contracted, and great relief will follow paralysis of the sphincter by forcible dilatation under an anæsthetic, which will also have a good effect over the chronic constipation usually present. The following is the formula used:

R. Magnesii sulph., 2 oz.
Glycerinæ, 1 oz.
Aque, q.s. ad., 4 oz.

The solution is made more readily and its power of diffusion increased by the addition of glycerin. I have used three or four ounces of the salt, but do not see that it has any advantage over the smaller amount.—*Medical Analectic*, November 14, 1889.

THE DIAGNOSIS OF ACUTE PNEUMONIA.—Mr. Sympton reports three cases of acute pneumonia in children in which the lung symptoms were entirely absent at first. In all three cases there was severe constitutional disturbance from the commencement of the attack; a very high temperature, with a hot, pungent skin, and marked delirium. The lung symptoms did not develop for three or four days; then there was a slight cough, with pain in the chest, and later on dulness to percussion and rusty sputum. The onset in these cases was very similar to that of scarlet fever, and the author considers that acute pneumonia resembles very much the onset of the acute specific fevers, the lung trouble being only the local manifestation of the general disease, just as the intestinal lesions are of enteric fever, or as the false membrane is of diphtheria. All these cases were seen within the first twenty-four hours of the attack, and an early diagnosis seemed impossible; but attention to this theory is desirable with an idea of showing how probable it is that the poison of pneumonia acts in much the same way as that of an acute specific.—*London Medical Recorder*, October 21, 1889.

CHANGES IN THE ARTERIES DURING PHTHISIS PULMONALIS.—Changes in the arteries, especially sclerosis, belong to senility; but still old age does not account for all arterial disease. Often it is only a predisposing cause. We find arterial degeneration also in syphilis, alcoholism, podagra, chronic lead poisoning, articular rheumatism, chronic nephritis, and phthisis. In relation to the arterial changes during phthisis, most authors, it will be found, only mention changes in the walls of the cavities and in the neighboring tubercles. Prof. Manassien, in his lectures, led our attention to the rigidity of the arteries in young phthisical patients. Ippa has therefore examined carefully the arteries in sixteen phthisical subjects, varying in age from eight to thirty years, and in whom syphilis, alcoholism, and articular troubles could be excluded. In all these cases, he found a chronic fibrinous endarteritis. Connective tissue was found in the intima of such arteries as do not normally contain it, and in those which normally possess connective tissue, that layer was greatly increased. In all cases the coronary arteries of the heart were diseased. The least marked changes were found in the brachial, femoral, basilar and pulmonary arteries. In the middle coat of the affected vessels, a more or less decided atrophy of the muscular elements, with formation of connective tissue, was shown to exist. The sphygmographic tracings of phthisical persons showed decided diastolic. The question is often whether such changes must be considered one of the causes of phthisis (as by heredity) or whether they are mere sequelæ. To decide this point, comparisons must be made with persons of marasmic tendency, and with persons who are of the so-called phthisical habit, but who have perished from accidental causes before the phthisis could develop itself.—*Allgem. Med. Centr. Zeitung*, 65, 1889.

THE URINE, FÆCES AND SWEAT OF RACHITIC PATIENTS.—1. In the urine of healthy children, brought up properly, the phosphates are never present in a con-

stant quantity. The variations are so great that the maximum and minimum quantities may follow shortly on each other. 2. The same holds good with rachitic children. 3. These great variations probably explain the different results obtained by different investigators; some found an increase of these salts in the urine, while others reported a decrease. 4. The phosphates are usually increased in the urine of rachitic children. 5. The phosphates of the feces are increased during constipation and diminished in diarrhoea. 6. The diarrhoeic feces of rachitic children contain less phosphates than the diarrhoeic stools of healthy children, except when they suffer from intestinal catarrhs. 7. Feces and urine show increase or decrease simultaneously. 8. The best remedy against the diarrhoea of rachitic children is calcium phosphoricum. 9. The profuse sweats of rachitic children probably contain more salt than those of healthy children.—*Allgem. Med. Centr. Zeitung*, 59, 1889.

BROM-GOLD IN NERVOUS DISEASES.—Goubert, after a ten years' trial, announces that even severe cases of epilepsy may yield to aurum bromatum in solution (8 to 10 milligrammes daily for adults, and 3 to 6 milligrammes for children). The highest daily dose is 12 milligrammes, which nearly always causes severe headache. The drug when given in proper doses can be administered over a long period without causing any gastric disturbance or other evidence of bromism. Good results are also experienced from its administration in typical migraine. Sufferers from this complaint should take 3 milligrammes in a watery solution an hour before each meal; the attacks will become lighter and shorter, or even disappear entirely, if the treatment is continued for six or eight weeks. Even after the attack has commenced, its severity can be broken by the administration of two doses of the drug, of 3 millimetres each, at an interval of one hour. In chorea, Goubert begins with daily doses of 4 to 6 milligrammes, according to the age of the patient, and increases the dose daily by 1 milligramme, until the incoördination decreases and sleep improves. Instead of producing headache, it causes children to become irritable and cross, which condition is a certain sign that the daily dose must be diminished. In three cases of morbus Basedowii treated with brom-gold, the results were highly satisfactory. In a case of nervous sleeplessness, a dose of 3 milligrammes before supper produced a natural sleep without any bad sequelæ.—*Wien. Med. Blätter*, 29, 1889.

MOVABLE HEART.—Pick's studies on the subject of movable heart lead him to the following conclusions: 1. Slight movability of the heart is frequent. 2. The abnormally movable heart may be found in perfectly healthy persons, probably as a congenital anomaly, or it may be found in connection with other lesions of the heart, though no genetic connection between them can be shown. 3. Abnormal mobility of the heart may arise from emaciation by disease or from trials to remove obesity. 4. A diagnosis of the abnormally movable heart can be made by observing the position of the apex impulse, and by examining the changes of percutory limits when changing position. 5. A mobile heart may produce no symptoms whatever, but in many cases we meet palpitations off and on, a sensation of weakness and vertigo when running and by forced movements. A person with movable heart cannot lie on the left side; more rarely on the right side.—*Wien. Klin. Wochenschr.*, 40, 1889.

ABORTIVE TREATMENT OF FURUNCLES.—Leu recommends the following abortive treatment for furuncles: 1. Carbolic acid in hypodermic injections. 2. The acid must be used early before suppuration appears, in which case the furuncle will be aborted without any connective tissue necrosis. 3. In advanced cases the adoption of the same treatment will prevent serious scarring. 4. A 3 per cent. solution is of more value than is a weaker one. 5. Patients can follow their usual occupations during the progress of the treatment.—*Allgem. Med. Centr. Zeitung*, 59, 1889.

THE CHANGES IN THE GASTRIC JUICE OF PHTHISICAL PATIENTS.—1. The quantity of free muriatic acid in the gastric juice of phthisical patients is usually diminished. 2. The digestive power is considerably diminished. 3. The administration of antipyretics are of little benefit, as such an artificial apyrexia does not increase the digestive powers. 4. The higher the fever, and the more severe the lung affection, the more will digestion suffer. 5. The acid of the gastric juice in phthisis stands in nearly an inverted ratio to the acidity of the urine.—*Allgem. Med. Centr. Zeitung*, 58, 1889.

MONTHLY RETROSPECT

OF HOMŒOPATHIC MATERIA MEDICA AND
THERAPEUTICS.

CONDUCTED BY

CHARLES MOHR, M.D., AND EDWARD R. SNADER, M.D.,

WITH THE COLLABORATION OF

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PROVINGS.

AN INVOLUNTARY PROVING OF ANTIPYRIN.—In a case of articular rheumatism in which the salicylate of soda was not well-borne, Brandenburg prescribed one gramme of antipyrin. Five minutes after taking it a general toothache set in, together with headache; pain behind both ears of a tearing character. There was no tinnitus or hypersecretion from the mucous membranes of the eyes and nose. The symptoms gradually decreased, but the toothache lasted four hours. By the advice of his physician the patient then took a dose half the size of the first one, when all the above symptoms returned.—*Allgem. Hom. Zeitung*, 12, 1889.

EFFECTS OF QUININE.—Tomaselli and Mescato report the case of a patient who, within from three to six hours after taking quinine, was attacked with a severe chill; his face was pale and covered with a cold sweat; he had pressing pains in the renal region, and vomiting of bilious substances. The temperature in the axilla was 42° C. to 39.5 C. After three hours hæmaturia set in. The whole surface of the body afterwards became of an icteric hue. The authors report other cases in which quinine had caused hæmaturia and icterus.—*Allgem. Hom. Zeitung*, 12, 1889.

MATERIA MEDICA.

COLCHICUM AND PODOPHYLLUM COMPARED IN REFLEX CEREBRAL IRRITATION.—Colchicum resembles podophyllum in the reflex cerebral irritations of children during dentition. It has, like podophyllum, convulsions, with variegated, slimy stools, and rolling of the head from side to side, but may be distinguished from the mandrake by extreme prostration, coma, hot abdomen and cool extremities, marked tympany, and white flakes and shreds in the stools.—*Journal of Obstetrics*, November.

GLONIN IN PUERPERAL CONVULSIONS.—Glonoin is sometimes an admirable remedy for puerperal convulsions; the congestive form of eclampsia, that form which is announced by rush of blood to the head, especially if there is albuminuria. The face is bright red and puffed; the pulse full and hard; the patient froths at the mouth; she is unconscious; the hands are clenched, the thumbs being in the palms of the hands.—*Journal of Obstetrics*, November.

THERIDION IN HYSTERIA.—Theridion is not widely known as a remedy for hysteria, but within late years a number of cases have yielded to its influence, particularly hysteria in connection with spinal irritation. The theridion patient is sensitive to light, faints after every exertion, and has weakness, trembling, chilliness and anxiety. She is restless; must busy herself about something, though nothing gives her pleasure. The strong distinctive characteristics are found in the great sensitiveness to noise and the great sensitiveness between the vertebrae. So great is this hyperæsthetic condition of the spinal column that the patient sits side-ways in her chair to avoid the pressure of the back of the chair against the spine.—*Journal of Obstetrics* November.

THE SALTS OF BARIUM IN HEART DISEASES.—"The salts of barium have not been used as much in diseases of the heart as they should be. The symptoms show weakness and irritability, and closely resemble those of digitalis. When the heart becomes weak, with lessened impulse, and the pulse quick, and there is inability to lie on the left side, and sudden exertion causes palpitation, baryta is indicated, especially if the patient is emaciated. The wasting of the general muscular system extends to the cardiac muscles. Baryta causes a stasis in the capillary bloodvessels, and the mottled hands, cold and trembling, is one of the chief indications for its use."—Dr. E. M. Hale, *American Homœopathist*, November.

REMEDIES OF USE IN MORBUS BASEDOWII.—Dr. S. Lilienthal, in the October *North American Journal of Homœopathy*, has an article on "Morbus Basedowii." He suggests the following medicines, from which we briefly summarize:

Aurum.—Melancholy; great changeability and irritability; oversensitiveness; vertigo, as if drunk, with confusion; protruding, staring eyes; on pressure, eyeballs more tense and firm than usual; hemiopia; fiery sparks before eyes; frequent urination; albuminuria, consecutive to heart disease; amenorrhœa; leucorrhœa, corroding or mild; stenocardia; violent palpitations; anxiety and congestion to head and chest; pulse rapid, compressible and intermittent; enormous goitre; insomnia.

Arsenicum.—Downheartedness, from mental and physical causes; eyes staring, glistening, protruding; eyes feel as if they had no room in the orbit; heat in eyes and burning in chest, with dyspnoea; cornea degenerated; anxious expression of face; painful or painless diarrhœa, slimy, papescent, worse after midnight; urine profuse, pale and clear as water, or well-marked albuminuria; menses too early and profuse; acrid leucorrhœa; irritable heart; trembling, irregular action of heart; excessive palpitation, with anguish; valvular troubles; cervical glands enlarged; heaviness and numbness of the limbs; trembling of the limbs; exhaustion from slightest exertion; fainting; sleep disturbed after 3 A. M.; parchment-like dryness of the skin, which has a brown, muddy, unwashed appearance on parts covered by the clothing; petechiæ; nettle-rash.

Baryta Carbonica.—Torpid scrofulosis; pressure deep in eyes, worse looking fixedly or upwards or side-ways; opaque cornea; eyes feel dry; immovable pupils; tension, as from a cobweb over the face; dryness of mouth or salivation; diarrhœa, followed by constipation; clear and abundant urine; scanty menses; violent, long-lasting palpitation; pulse very rapid and small, irregular; swelling of glands of neck; cold extremities, with blue spots; twitches and jerks of body in daytime; great weakness and night-sweats; skin hot or dry, or covered with profuse sweat.

Bromium.—Great depression of mind; headache deep in crown of head, with palpitations; protruding eyes; a gray point before right eye, moving up and down with the movement of the eye; heat in cheeks, first in right, then in left; stony, hard swelling of glands, especially on lower jaw and throat; yellow, green or blackish diarrhœa, especially after meals; frequent, pale urine; violent palpitations; she cannot lie on the right side; lameness of left arm; pulse small, weak, not countable; obstinate goitres; encysted tumors on side of neck; tremulousness all over, nervousness and convulsions; enlargement of thyroid in persons with light hair, blue eyes and fair skin; sweat from least exertion; emaciation.

Calcareæa.—All the lime salts have symptoms of qualitative anæmia, chlorosis and leukæmia, painful swelling and induration of glands; total and partial sweats; sour diarrhœa; tremulous pulsations of heart; bellows or anemic murmurs around heart and large arteries; anxious palpitation from slightest exertion; nervous trembling of hands; weakness and trembling of legs; burning in hands and tearing in legs; choreic movements in upper and lower limbs.

Conium.—Tired and weary sensation in brain, with physical, as well as mental, prostration; hypochondriasis; hysteria from suppression of menses; sluggish adaptation of eye in varied range of vision; tremulous look, as if eyes were trembling; ulcers on cornea; partially paralyzed condition of external muscles of eyes; paralysis of muscles of the eyes; frequent diarrhœa and copious urination; sexual weakness; menses too late, scanty, and of short duration; anxious sensation in heart, with rapid beat; violent palpitations after stool, after drinking; frequent shocks in cardiac region; pulse accelerated, unequal in strength and irregular in rhythm; enormously enlarged cervical glands; sensation of weakness, even to trembling, in extremities; paralyzed feeling in extremities; muscular tremors, hysterical spasms, fainting; great heat, internal and external, with great nervousness; sweat over whole body, with redness of face; sweat day and night, so soon as he closes his eyes.

Iodum.—Irritability and sensitiveness; vertigo from the struma and hypertrophy of left ventricle, with congestion to head and face; hysteria and nervousness; staring with wide open eyes, lids seem to be retracted; protrusion of bulbi; twitching and trembling of lids; epistaxis; convulsive twitching of facial muscles; bulimy and emaciation; copious and papescent stools; constipation, alternating with diarrhoea; copious and frequent urination; chronic menorrhagia or leucorrhoea; palpitation of heart from least exertion, with fainting; excessive cardiac action; pulse rapid, weak, accelerated by every slight exertion; gradual increase in size of neck, especially on right side, over isthmus of thyroid gland; tumor becomes more swollen and painful at each return of menses, which are painful and irregular; sensation of constriction in goitre; trembling of limbs and great weariness from excessive debility; sweats even when talking.

Lycopus Virginicus.—Cardiac irritability, with depressed force; intellectual obtuseness; congestive headaches accompany the labored heart action; eyes full and heavy, with pressing outward; diarrhoea, can have a stool at any time; myalgic pains in heart; rheumatoid pains in extremities, with trembling; slight lameness and unsteady gait in legs; vital depression and faintness; troublesome urticaria; no glandular symptoms whatever.

Natrum Muraticum.—Serous discharges; no desire for work, mental or physical; depression of mind, with spells of irritability and crossness; weariness and dulness of head, as if too heavy; muscular asthenopia; divergent strabismus; weakness of internal recti muscles; lids heavy when using them; watery diarrhoea; alternate constipation and papescent stool; polyuria, accompanied with water-brash and emaciation; sterility; delayed, scanty menses; spasmodic cough; fluttering of heart, with a weak, faint feeling; irregular intermission of heart-beat and pulse; palpitation in anæmic conditions; valvular diseases; goitre, with chronic sore throat; weakness, tingling and cramps in extremities; rigidity of a paralytic nature; twitching in muscles and limbs; frequent starts of upper body; general emaciation while living well, and complete prostration of vital forces; herpetic eruptions; red spots on body, preceded by heat, especially to face.

Amyl Nitrite.—Stupefaction; flushing of face and scalp from slightest emotion; heat and throbbing in head; dull, heavy pressure over eyes, as if a heavy weight were within; staring, protruding, immovable eyes; angina pectoris; cardiac oppression and tumultuous heart action; rapid dilatation of arteries, with quickened but weakened circulation; weakness, lameness and soreness in extremities; trembling of limbs; general weakness, with a tendency to sweat from the least exertion.

Phosphorus.—Apathy and indifference; melancholia passiva; impending paralysis of brain force; pale, ashy face, with rose spots on the cheeks; loss of appetite, alternating with bulimy; profuse, watery diarrhoea; profuse micturition; leucorrhoea, with chlorosis; palpitation from every motion; dyspnoea, with inability to exert himself; tremors of limbs from every exertion, with icy coldness; frequent fainting; profuse sweats.

Spongia Tosta.—Protruding, staring eyes; thyroid gland swollen up to the chin, with suffocating spells at night; valvular troubles; aneurism; stinging, pressing pain in the præcordial region; pulse frequent, hard, full or feeble; trembling in all the limbs; dry, barking cough; herpes.

Badiaga, cactus, lilium, septa, silica, sulphur, ought to be studied.

CALCAREA CARBONICA IN DEAFNESS.—In an article on "Stammering, a Symptom of Post-Nasal Neoplasm," Dr. Robert T. Cooper remarks incidentally: "Before concluding this article, I must refer to another interesting clinical experience, although it is one I have noticed before; this is the effect of *calcareæ carbonica* in certain forms of deafness. The cases are those in which a certain form of enfeeblement of hearing exists in boys and girls from ten years old to fourteen; at least this is the age at which it is most generally noticed, and if not taken in hand then, there does not seem to be much use in treating it. The parents will tell you they thought nothing of it until the children went to school. One such case I open upon while writing. Harry M., aged fourteen, has been deaf all his life; no cause assigned for it, and, of course, orthodox treatment has done nothing for him. He hears at 14 inches on the right and 5 inches on left side, and there is no alteration in the visible structures of ear, nose or throat. On May 4th of this year I gave *calcareæ carbonica* 200 (Lehrman), and he kept on with it until the middle of September, by which time not the slightest impairment of hearing could be detected. This is no solitary instance. In these cases I must observe there is nothing whatever to make one believe in their non-congenital origin except the fact of the disappearance of the

deafness on the administration of the *calcareæ*, and, so far as I know, no other preparation but the 200th has an equally satisfactory influence. The cases are distinct, definite, unmistakable; and the remedy sufficient, satisfactory, reliable, and, as far as a remedial agent can be, unerring."—*Monthly Homœopathic Review*, November.

CALCAREA PHOSPHORICA IN ENLARGED TONSILS AND ADENOID VEGETATIONS IN THE POST-NASAL SPACES.—In the British *Monthly Homœopathic Review* for November, Dr. Robert T. Cooper reviews his twenty-two years' experience with *calcareæ phosphorica* in enlarged tonsils, and cites several interesting cures. He regards the *calcareæ phosphorica* as nearly specific for adenoid neoplasms as any remedy in the *Materia Medica*, and states that he has frequently cured stammering by removing the growths by the administration of the remedy. Deafness was also very frequently relieved.

STRYCHNIA NITRÆS, 1 to 200, is useful where there is a want of expulsive power in the lower bowel, so that the stools are with difficulty discharged, piles, chronic congestion of liver and throat affections. Particularly useful for patients who have returned from tropical countries or who have been drugged with large quantities of mercury.—*California Homœopath*, November.

STRYCHNIA PHOSPHORICA, 1 to 200.—This powerful nervine stimulant will often prove of much use, after the failure of other medicines, in dyspepsia. It is eminently beneficial in many cases where there is great depression of the nervous power, with headache, sensation of lightness or weak feeling in the head, loss of memory, complete indifference to food, lumbar pains, constipation, general debility, after excessive sexual indulgence.—*California Homœopath*, November.

REMEDIES FOR IRREGULAR MENSES.—From an article by Dr. E. M. Hale, under the above caption, appearing in the November *Journal of Obstetrics*, we summarize the following indications for remedies:

Aurum causes, primarily, profuse and frequent menses by acting on the vasomotor nervous system, causing a dilatation of the arterioles in the ovaries, giving an increased blood-supply and heightened irritability. When given for profuse menses, the dose should be small, 3x to 6x. When anæmia and torpor of the ovaries exist (a secondary action of aurum), the dose should be more material, the 1x or 2x trituration.

Calcareæ.—Menses too soon and too profuse; lymphatic temperament; scrofulous diathesis.

China.—Malarial patients.

Pulsatilla.—Irregularity; menses may be profuse or scanty, premature or retarded.

Manganese.—Menses too early and scanty; plethora, with very profuse menses.

Senecio.—Premature and profuse, as well as scanty, menses; urethral and vesical irritation; tendency to pulmonary hæmorrhage.

Sabina.—Menorrhagia; ovarian and uterine irritation; also ovarian torpor.

GLONIN IN DISEASES PECULIAR TO THE MENOPAUSE.—Glonoin has proved useful in disturbances of the climacteric. Here it is curative when there is cessation of flow, with intense fullness of the head at every menstrual period. It is even useful in young women affected by congestion to the head from suppressed menses.—*Journal of Obstetrics*, November.

A NEW BAPTISIA SYMPTOM.—Dr. Robert Babcock says: "Baptisia is a favorite remedy for headache and disordered stomach, with bad taste. It is curative in bilious headache and also in dyspepsia, producing a gone feeling. I have tried to prove it many times in the first decimal, which has only developed one new feature, producing the subjective *smell of burnt feathers*; this has nowhere been noted. My oldest son was sure one night that there was something burning in the house, and aroused us. I asked him if it was like burnt feathers? He said yes. I then knew it was the baptisia. This should cure certain cases of ozæna or catarrh."—*N. A. Journal of Homœopathy*, November.

COUGH SYMPTOMS OF ARNICA, TARTAR EMETIC, BELLADONNA AND HEPAR SULPHUR.—*Arnica* has a tickling cough; the lungs are sore, the child dreads the cough and cries before the paroxysm; drowsiness and indifference; hot head, with cool extremities.

Tartar Emetic.—Short, quick cough; crying before the paroxysm; irritability, becomes angry if looked at; wheezing; rattling of mucus; cyanotic skin; drowsiness, but not the indifference of arnica.

Belladonna.—Cough, excited by tickling in the larynx; drowsiness and ill-temper, with moisture on the head and face; crying after coughing.

Hepar Sulphur.—Hoarse, barking cough, rattling of mucus in the lungs when asleep; after coughing, crying.

In the last two remedies, crying may precipitate a paroxysm, but this is far different from the soreness in the trachea and lungs, as found in arnica and tartar emetic, that cause the child to cry out with pain, so soon as the irritation, which is a forerunner of the cough, annoys the child.—Dr. W. D. Stillman, *United States Medical Investigator*, September.

MEPHITIS PUTORIUS IN WHOOPING-COUGH.—When the catarrhal symptoms of whooping-cough are slight and the whoop is marked; when there is a hard cough, with well-marked laryngeal spasms, with cough worse at night and after lying down, mephitis putorius has been found to be the urative agent.—*Journal of Obstetrics*, November.

NEW AMERICAN REMEDIES IN DYSPESIA.—From the November *Homœopathic Recorder*, we summarize the following:

Iris Versicolor.—This remedy acts throughout the entire alimentary canal, but more especially upon the superior portion, the salivary glands and the pancreas. It may be employed in preference to nux vomica or pulsatilla, when the following symptoms occur: Violent pain in the region of the stomach that comes on at intervals; vomiting of food an hour after eating; bilious vomiting; acid contents of the stomach, with or without pain; inflammation of the œsophagus and duodenum.

Lithium Carbonicum.—Obstinate acidity of the stomach.

Lobelia Inflata.—In the lower potencies in spasmodic cardialgia, in bilious gastralgia, and in the terrible pains caused by the passage of biliary calculi. Vomiting, accompanied by great prostration, cold sweat and weak pulse. Vomiting from violent emotions. Dr. Jeanes employed the drug on the following indications: Sensation of debility and oppression at the epigastrium, with oppression of the chest; constant dyspnoea; headache, passing from one temple to another; pain in the shoulder; pain in the left side; urine deep in color; dyspepsia from the abuse of green tea, tobacco and poor liquors.

Myrica Cerifera.—Unnatural hunger, followed by indigestion and icterus that tinges the skin yellow; fulness in the region of the liver and of the abdomen; retention of the urine, which is yellow and frothy, deepening in color daily, discoloring the linen; great debility and somnolence, even to stupor.

Oleum Cajeputi.—Nervous vomiting, dysphagia, and spasmodic constriction of the œsophagus.

Oenothera Biennis.—Vomiting of food after eating; pain in the region of the bladder; frequent necessity to urinate.

Podophyllum.—Liver and intestines affected; dyspepsias caused by the abuse of mercurials.

Pulsatilla Nuttalliana.—Stinging and bruised sensation at the entrance of the stomach; cutting pain in the stomach; with distension of the abdomen and dull headache; sour eructations; melancholia; nausea without vomiting; pain in the epigastrium; acute cutting pain in the stomach, extending to the spine; indigestion, dyspepsia and vomiting of the pregnant.

Populus Tremuloides.—Indigestion, flatulence, lumbricoides; flatulence and acidity. Tolerated by hysteric cases.

OIL OF EUCALYPTUS IN DIARRHŒA.—Dr. E. M. Madden calls attention, in the October British *Monthly Homœopathic Review*, to the rapid action of eucalyptus oil when given internally, especially for acute diarrhœa, and says: A glance at its provings shows a perfect picture of acute general catarrh, but with a special tendency to act on the bowels, as indicated by symptoms beginning with "skirmishing, aching pains in upper bowels, with feeling as if diarrhœa was impending," and going on through "sharp, aching pains in lower bowels, with thin, watery, yellow diarrhœa," up to "tenderness and burning sensation in stomach and bowels, with great heat in rectum, followed by tenesmus, with discharge of mucus and great prostration." Dr. Molson first suggested the use of eucalyptus oil to Dr. Madden, and the latter gentleman has employed the drug with much success in summer diarrhœa.

DIGITALIS IN RETENTION OF URINE.—Dr. S. D. Johnson, says: "In retention of urine, with a stitching pain in the urethra, as though something were being thrust in through the urethra into the bladder, digitalis always relieves. In the retention of urine during typhoid fever, I have seldom been disappointed in this medicine. I always use it in the tincture."—*Medical Current*, September.

CALENDULA IN ULCERS.—With a lotion of *calendula* in water and later in oil locally applied to an old ulcer, the latter kindly and speedily healed. The indications for *calendula*, according to Dr. R. K. Ghosh, are: slough, proud flesh, raised edges.—*Homœopathic World*, October.

THERAPEUTICS.

BUFO RANA IN SPASMS seems to cause blisters on the skin, such blisters as are called bullæ. These rupture, leaving a raw surface, from which there oozes an ichorous fluid. On the strength of these symptoms, and from the power of the drug to produce convulsions, a woman was successfully treated suffering from spasms, with suppurating blisters on the skin in the throat, and in the vagina.—*Journal of Obstetrics*, November.

CALCAREA CARBONICA IN FACIAL NEURALGIA AND INSOMNIA.—Dr. Boniface Schwitz, in the July number of *L'Union Homœopathique*, referred to a case of terrible facial neuralgia and insomnia in a young girl which he cured with *calcareo carbonicum*, and urges a careful study of the homœopathic drugs formed from the alkalies having a base of soda, potash, etc.

GELSEMIUM IN TRADE NEUROSIS.—Dr. Alexander Croucher reports that W. S. aged seventeen, was unable to follow his occupation as stonemason because of certain involuntary movements of his right arm, which had existed for three weeks. There was no complaint of numbness, tingling or pain in the arm, sensibility was unimpaired, and no portion of the cranium was tender to pressure. The right arm, from the elbow downwards, was in a condition of clonic spasm, preventing the patient from feeding himself or using the arm in any way. He was unable to extend the forearm, and co-ordination of movement was lost. If the patient wished to move the right arm he had to help with the left. The clonic spasms were worse during excitement, or in the presence of strangers, better when absolutely at rest, and entirely absent during sleep. *Gelsemium* ϵ , every three hours, cured in eight days.—*Monthly Homœopathic Review*, October.

PHOSPHORUS IN HEADACHE.—Dr. John Clarke, in the *Homœopathic World* for October, had a woman patient who always had a headache on the day following wash-day. The occurrence was so regular that there could be no doubt that the washing was the cause. There were violent shooting pains on the left side of the vertex, ameliorated from wrapping the head up in flannel. *Phosphorus* 30 cured. Subsequent wash-days did not bring the headache.

KALI MURIATICUM IN CHRONIC CATARRHAL CONDITIONS OF THE MIDDLE EAR.—Dr. H. P. Bellows, in an article appearing in the November number of the *New England Medical Gazette*, says that he has kept a careful record of nearly two hundred cases of chronic aural troubles, to whom he has administered *kali muriaticum* 6x with benefit. Chronic catarrhal conditions were most benefited.

STAPHISAGRIA IN TOOTHACHE.—"Mr. W. came to me with toothache, which he had had for three days and nights. The pain was of a gnawing and jumping character, and affected the left upper bicuspid. The palate was swollen, but apparently no abscess had formed, and the tooth was not decayed. The pain was worse when the tooth was touched, especially by hot things; also worse when out of doors, or drawing cold air into the mouth, and worse all night. I gave him a globule of *staphisagria* 1 m. tr. c. on his tongue, and others to take, one every hour, until the pain had gone. I heard two days after that the pain got better almost immediately, and in a few hours was gone."—Dr. John H. Clarke, *Homœopathic World*, October.

CACTUS IN CARDIAC PAIN.—Dr. S. Leavitt, in the November *American Homœopathist*, tells of a man who suffered from agonizing pains in the præcordial region (during which he was unable to move), lancinating and expansive in character, relieved by *cactus* tincture.

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